

**State:** Illinois **Filing Company:** Liberty Insurance Underwriters Inc.  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** Allied Health Program  
**Project Name/Number:** LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R

## Filing at a Glance

Company: Liberty Insurance Underwriters Inc.  
Product Name: Allied Health Program  
State: Illinois  
TOI: 11.0 Medical Malpractice - Claims Made/Occurrence  
Sub-TOI: 11.0029 Other  
Filing Type: Rate/Rule  
Date Submitted: 03/05/2014  
SERFF Tr Num: PERR-129440599  
SERFF Status: Closed-Filed  
State Tr Num:  
State Status: Under Review  
Co Tr Num: LIU-RPG-AH-IL-1401R

Effective Date 12/01/2014  
Requested (New):  
Effective Date 12/01/2014  
Requested (Renewal):  
Author(s): Neresia Torres, Olga E. Garcia  
Reviewer(s): Gayle Neuman (primary), Caryn Carmean, Julie Rachford  
Disposition Date: 07/09/2014  
Disposition Status: Filed  
Effective Date (New): 12/01/2014  
Effective Date (Renewal): 12/01/2014

State Filing Description:  
routed 4/8/14

**State:** Illinois **Filing Company:** Liberty Insurance Underwriters Inc.  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** Allied Health Program  
**Project Name/Number:** LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R

## General Information

Project Name: LIU-RPG-AH-IL-1401R Status of Filing in Domicile: Pending  
Project Number: LIU-RPG-AH-IL-1401R Domicile Status Comments:  
Reference Organization: N/A Reference Number: N/A  
Reference Title: N/A Advisory Org. Circular: N/A  
Filing Status Changed: 07/09/2014  
State Status Changed: 04/08/2014 Deemer Date:  
Created By: Olga E. Garcia Submitted By: Ines Piquet  
Corresponding Filing Tracking Number: LIU-RPG-AH-IL-1401F

### Filing Description:

On behalf of Liberty Insurance Underwriters, Inc. ("Liberty" or "the Company"), we are filing a revision to its Allied Health – Medical Malpractice program. This program provides medical malpractice coverage on occurrence and claims-made bases for Risk Purchasing Groups ("RPGs") associated with various miscellaneous allied health professionals. The program is utilized to provide coverage for the RPGs listed below. Listed below are the RPGs and the respective state of domicile:

- American Health Care Professions Purchasing Group Association ("AHCPGA") – Illinois
- ANA/SNA Purchasing Group Association ("ANAPGA") – Illinois
- Health Care Professions Purchasing Group Association ("HCPPGA") – Illinois
- American Society of Health System Pharmacists Purchasing Group Association ("ASHPGA") – Iowa

The Company respectfully requests that the proposed rates and rules be implemented for all policies effective on July 1, 2014.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items in this filing, we will forward the request immediately to the Company contact. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

## Company and Contact

### Filing Contact Information

Olga E. Garcia, Filing Analyst doi@perrknight.com  
401 Wilshire Blvd Suite 300 310-889-0965 [Phone]  
Santa Monica, CA 90401

### Filing Company Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Liberty Insurance Underwriters Inc.	CoCode: 19917	State of Domicile: Illinois
55 Water Street	Group Code: 111	Company Type:
18th Floor	Group Name: Liberty Mutual	State ID Number:
New York, NY 10041	Group	
(212) 208-4200 ext. [Phone]	FEIN Number: 22-2227331	

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<b>State:</b>	Illinois	<b>Filing Company:</b>	Liberty Insurance Underwriters Inc.
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
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## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

## State Specific

Refer to our checklists prior to submitting filing ([http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)):  
Acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp) .: Acknowledged

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Acknowledged

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.":

Acknowledged

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: N/A

SERFF Tracking #:

PERR-129440599

State Tracking #:

Company Tracking #:

LIU-RPG-AH-IL-1401R

State:

Illinois

Filing Company:

Liberty Insurance Underwriters Inc.

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other

Product Name:

Allied Health Program

Project Name/Number:

LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	07/09/2014	07/09/2014
Filed	Gayle Neuman	06/25/2014	06/25/2014
Filed	Gayle Neuman	05/02/2014	05/02/2014

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	06/30/2014	06/30/2014
Pending Industry Response	Gayle Neuman	03/06/2014	03/06/2014

### Response Letters

Responded By	Created On	Date Submitted
Olga E. Garcia	06/30/2014	06/30/2014
Olga E. Garcia	03/06/2014	03/06/2014

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	ILLINOIS STATE EXCEPTION PAGES	Olga E. Garcia	06/30/2014	06/30/2014

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Requesting to reopen filing	Note To Reviewer	Olga E. Garcia	06/27/2014	06/27/2014
requesting additional information	Note To Filer	Gayle Neuman	06/03/2014	06/03/2014
Requesting additional information	Note To Reviewer	Olga E. Garcia	06/03/2014	06/03/2014
Re: Effective date	Note To Reviewer	Olga E. Garcia	05/02/2014	05/02/2014
effective date	Note To Filer	Gayle Neuman	05/02/2014	05/02/2014
Status Inquiry	Note To Reviewer	Olga E. Garcia	04/07/2014	04/07/2014
Actuarial Review Complete	Reviewer Note	Caryn Carmean	07/08/2014	
additional routing material	Reviewer Note	Gayle Neuman	07/01/2014	
actuarial Review	Reviewer Note	Caryn Carmean	05/01/2014	

<b>State:</b>	Illinois	<b>Filing Company:</b>	Liberty Insurance Underwriters Inc.
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	Allied Health Program		
<b>Project Name/Number:</b>	LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R		

## Disposition

Disposition Date: 07/09/2014  
Effective Date (New): 12/01/2014  
Effective Date (Renewal): 12/01/2014  
Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Liberty Insurance Underwriters Inc.	%	0.500%	\$7,981	8,321	\$1,596,199	%	%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document (revised)	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Manual		Yes
Supporting Document	Supporting Documentation		Yes
Supporting Document	Letter of Authority		Yes
Rate	COUNTRYWIDE RATES/RULES MANUAL		Yes
Rate (revised)	ILLINOIS STATE EXCEPTION PAGES		Yes
Rate	ILLINOIS STATE EXCEPTION PAGES		Yes

<b>State:</b>	Illinois	<b>Filing Company:</b>	Liberty Insurance Underwriters Inc.
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	Allied Health Program		
<b>Project Name/Number:</b>	LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R		

## Disposition

Disposition Date: 06/25/2014  
Effective Date (New): 12/01/2014  
Effective Date (Renewal): 12/01/2014  
Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Liberty Insurance Underwriters Inc.	%	0.500%	\$7,981	8,321	\$1,596,199	%	%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document (revised)	Form RF3 - (Summary Sheet)		Yes
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Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Manual		Yes
Supporting Document	Supporting Documentation		Yes
Supporting Document	Letter of Authority		Yes
Rate	COUNTRYWIDE RATES/RULES MANUAL		Yes
Rate (revised)	ILLINOIS STATE EXCEPTION PAGES		Yes
Rate	ILLINOIS STATE EXCEPTION PAGES		Yes

<b>State:</b>	Illinois	<b>Filing Company:</b>	Liberty Insurance Underwriters Inc.
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	Allied Health Program		
<b>Project Name/Number:</b>	LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R		

## Disposition

Disposition Date: 05/02/2014  
Effective Date (New): 07/01/2014  
Effective Date (Renewal): 07/01/2014  
Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Liberty Insurance Underwriters Inc.	%	0.500%	\$7,981	8,321	\$1,596,199	%	%

Schedule	Schedule Item	Schedule Item Status	Public Access
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Supporting Document	Manual		Yes
Supporting Document	Supporting Documentation		Yes
Supporting Document	Letter of Authority		Yes
Rate	COUNTRYWIDE RATES/RULES MANUAL		Yes
Rate (revised)	ILLINOIS STATE EXCEPTION PAGES		Yes
Rate	ILLINOIS STATE EXCEPTION PAGES		Yes

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/30/2014
Submitted Date	06/30/2014
Respond By Date	07/08/2014

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Dear Olga E. Garcia,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

*Please indicate the number of insureds who will have a 15% increase due to the aggregate limits issue.*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*



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**State:** Illinois **Filing Company:** Liberty Insurance Underwriters Inc.  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** Allied Health Program  
**Project Name/Number:** LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	03/06/2014
Submitted Date	03/06/2014
Respond By Date	03/13/2014

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Dear Olga E. Garcia,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

*Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?*

*The RF-3 should indicate the effective date in the first blank. The RF-3 should include an explanation of the changes affecting the rate - "please see memo" does not comply with this request.*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*

---

**State:** Illinois **Filing Company:** Liberty Insurance Underwriters Inc.  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** Allied Health Program  
**Project Name/Number:** LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/30/2014
Submitted Date	06/30/2014

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Dear Gayle Neuman,

**Introduction:**

*Thank you for your on-going review of this filing and for today's correspondence.*

**Response 1**

**Comments:**

*The rate increase only affects insureds who purchase both Professional Liability (PL) and General Liability (GL). The increase will vary depending on the relative charge for GL vs. PL, which will be affected by exposure units, limits of liability, etc. Thus, no insureds will see a 15% increase since GL cannot be purchased without PL.*

**Changed Items:**

*No Supporting Documents changed.*

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

*Should you have any further concerns, please do not hesitate to contact us.*

*Sincerely,*

*Olga E. Garcia*

State:	Illinois	Filing Company:	Liberty Insurance Underwriters Inc.
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
Product Name:	Allied Health Program		
Project Name/Number:	LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/06/2014
Submitted Date	03/06/2014

Dear Gayle Neuman,

**Introduction:**

Thank you for today's correspondence.

**Response 1**

**Comments:**

The statistical agent for Liberty is ISO.

Attached is a revised RF-3 form.

**Changed Items:**

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	
Attachment(s):	ILRF3 122607.pdf
Previous Version	
Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	
Attachment(s):	ILRF3 122607.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Olga E. Garcia

<b>SERFF Tracking #:</b>	PERR-129440599	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	LIU-RPG-AH-IL-1401R
<hr/>					
<b>State:</b>	Illinois	<b>Filing Company:</b>	Liberty Insurance Underwriters Inc.		
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other				
<b>Product Name:</b>	Allied Health Program				
<b>Project Name/Number:</b>	LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R				

## Amendment Letter

Submitted Date: 06/30/2014

Comments:

Ms. Neuman,

Thank you for granting our request to have this filing re-opened.

Based on an objection to our companion Forms filing, we are adding an exception to the rating plan to account for separate limits on Professional Liability and General Liability.

Thank you,

Olga E. Garcia

888.201.5123 x0965

Changed Items:

*No Form Schedule Items Changed.*

Rate Schedule Item Changes					
Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	ILLINOIS STATE EXCEPTION PAGES	LIUI-AH-IL-GEN-1 and LIUI-AH-IL-GEN-2	Replacement		06/30/2014 By:
<i>Previous Version</i>					
1	ILLINOIS STATE EXCEPTION PAGES	LIUI-AH-IL-GEN-1 and LIUI-AH-IL-GEN-2	Replacement		03/05/2014 By: Ines Piquet

*No Supporting Documents Changed.*

**State:** Illinois**Filing Company:**

Liberty Insurance Underwriters Inc.

**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other**Product Name:** Allied Health Program**Project Name/Number:** LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R

## Note To Reviewer

**Created By:**

Olga E. Garcia on 06/27/2014 09:50 AM

**Last Edited By:**

Olga E. Garcia

**Submitted On:**

06/27/2014 09:50 AM

**Subject:**

Requesting to reopen filing

**Comments:**

Ms. Neuman,

The company would like to revise the existing state exception due to an objection received in the corresponding form filing. We ask for this filing to be re-opened.

Thank you,

Olga E. Garcia

888.201.5123 x0965

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**State:** Illinois **Filing Company:** Liberty Insurance Underwriters Inc.  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** Allied Health Program  
**Project Name/Number:** LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R

## Note To Filer

**Created By:**

Gayle Neuman on 06/03/2014 02:20 PM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

06/03/2014 02:20 PM

**Subject:**

requesting additional information

**Comments:**

Technically the filing isn't effective until July 1, 2014 so you could still make changes.

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**State:** Illinois **Filing Company:** Liberty Insurance Underwriters Inc.  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** Allied Health Program  
**Project Name/Number:** LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R

## Note To Reviewer

**Created By:**

Olga E. Garcia on 06/03/2014 11:39 AM

**Last Edited By:**

Olga E. Garcia

**Submitted On:**

06/03/2014 11:39 AM

**Subject:**

Requesting additional information

**Comments:**

Ms. Neuman,

The company is preparing its response to the objections you have on the corresponding form filing. There might be a possibility that they may need to make revisions to their rate/rule filing. If so, would you be able to re-open this filing or would we need to submit a new filing?

Thank you for your time and assistance with this matter.

Sincerely,

Olga E. Garcia  
888.201.5123 x0965

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**State:** Illinois **Filing Company:** Liberty Insurance Underwriters Inc.  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** Allied Health Program  
**Project Name/Number:** LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R

## Note To Reviewer

**Created By:**

Olga E. Garcia on 05/02/2014 10:04 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

05/02/2014 10:09 AM

**Subject:**

Re: Effective date

**Comments:**

Ms. Neuman,

The Company would like to use the effective date of July 1, 2014.

Thank you for your time and assistance with this filing.

Sincerely,

Olga E. Garcia  
888.201.5123 x0965



**State:** Illinois **Filing Company:** Liberty Insurance Underwriters Inc.  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** Allied Health Program  
**Project Name/Number:** LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R

## Note To Filer

**Created By:**

Gayle Neuman on 05/02/2014 08:17 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

05/02/2014 10:09 AM

**Subject:**

effective date

**Comments:**

The Department of Insurance has now completed its review of this filing. You previously requested the filing be effective July 1, 2014. Will the filing be put in effect on that date or do you wish to have a different effective date? Your prompt response is appreciated.

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**State:** Illinois **Filing Company:** Liberty Insurance Underwriters Inc.  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** Allied Health Program  
**Project Name/Number:** LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R

## Note To Reviewer

**Created By:**

Olga E. Garcia on 04/07/2014 12:46 PM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

05/02/2014 10:09 AM

**Subject:**

Status Inquiry

**Comments:**

Ms. Neuman,

We are contacting you today to inquire on the current review status of this filing. Please relay any further concerns you may have for the Company to address at your earliest convenience.

Thank you for your time and assistance with this matter. We look forward to hearing back from you soon.

Sincerely,

Olga E. Garcia  
888.201.5123 x0965

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**State:** Illinois **Filing Company:** Liberty Insurance Underwriters Inc.  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** Allied Health Program  
**Project Name/Number:** LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R

## Reviewer Note

**Created By:**

Caryn Carmean on 07/08/2014 03:37 PM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

07/09/2014 08:04 AM

**Subject:**

Actuarial Review Complete

**Comments:**

Actuarial review complete

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<b>State:</b>	Illinois	<b>Filing Company:</b>	Liberty Insurance Underwriters Inc.
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	Allied Health Program		
<b>Project Name/Number:</b>	LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R		

## Reviewer Note

**Created By:**

Gayle Neuman on 07/01/2014 07:40 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

07/09/2014 08:04 AM

**Subject:**

additional routing material

**Comments:**

Please review the changes made to the filing since the initial routing.

**State:** Illinois**Filing Company:** Liberty Insurance Underwriters Inc.**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other**Product Name:** Allied Health Program**Project Name/Number:** LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R

## Reviewer Note

**Created By:**

Caryn Carmean on 05/01/2014 03:59 PM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

05/02/2014 10:09 AM

**Subject:**

actuarial Review

**Comments:**

Actuarial Review completed

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**State:** Illinois **Filing Company:** Liberty Insurance Underwriters Inc.  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** Allied Health Program  
**Project Name/Number:** LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R

## Post Submission Update Request Processed On 06/25/2014

Status: Allowed  
Created By: Olga E. Garcia  
Processed By: Gayle Neuman  
Comments:

### General Information:

Field Name	Requested Change	Prior Value
Effective Date Requested (New)	12/01/2014	07/01/2014
Effective Date Requested (Renew)	12/01/2014	07/01/2014

<b>SERFF Tracking #:</b>	<i>PERR-129440599</i>	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	<i>LIU-RPG-AH-IL-1401R</i>
<hr/>					
<b>State:</b>	<i>Illinois</i>	<b>Filing Company:</b>	<i>Liberty Insurance Underwriters Inc.</i>		
<b>TOI/Sub-TOI:</b>	<i>11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other</i>				
<b>Product Name:</b>	<i>Allied Health Program</i>				
<b>Project Name/Number:</b>	<i>LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R</i>				

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Use and File
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	07/31/2011
<b>Filing Method of Last Filing:</b>	Use and File

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b>Number of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where req'd):</b>	<b>Minimum % Change (where req'd):</b>
Liberty Insurance Underwriters Inc.	%	0.500%	\$7,981	8,321	\$1,596,199	%	%

State:	Illinois	Filing Company:	Liberty Insurance Underwriters Inc.
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
Product Name:	Allied Health Program		
Project Name/Number:	LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		COUNTRYWIDE RATES/RULES MANUAL	pages 1-46	Replacement		Liberty Allied Health CW Manual.pdf
2		ILLINOIS STATE EXCEPTION PAGES	LIUI-AH-IL-GEN-1 and LIUI-AH-IL-GEN-2	Replacement		Part 1 - Med Mal General Rules - IL SEP 2014-06.pdf





# **LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

## **COUNTRYWIDE RATES/RULES MANUAL**

### **Part 1 – General Rules**

#### **I. APPLICATION OF MANUAL RULES**

- A. This manual provides rules, rates, premiums, and classifications and shall govern the writing of Professional Liability policies for Healthcare Provider specialties.
- B. The rules, rates, rating plans, and forms filed on behalf of the Company and not in conflict herewith shall govern in all cases not specifically provided for herein.
- C. Any exceptions to these manual rules are contained in the respective Section or State Rate Page.

#### **II. POLICY TERMS**

Policies may be written for a term of one year, and renewed annually thereafter, or as otherwise specified for the respective coverage.

#### **III. WHOLE DOLLAR RULE**

In the event the application of any rating procedure applicable in accordance with this manual where the result is not a whole dollar, each rate and premium shall be adjusted as follows:

- A. any amount involving \$.50 or over shall be rounded to the next highest whole dollar amount; or
- B. any amount involving \$.49 or less shall be rounded down to the next lowest whole dollar amount.

#### **IV. ADDITIONAL PREMIUM CHARGES**

- A. Prorate all changes requiring additional premium.
- B. Apply the rates and rules that were in effect at the inception date of this policy period. After computing the additional premium, charge the amount applicable from the effective date of the change, even if the policy inception premium was less than the policy writing minimum premium (if applicable).
- C. Waive additional premium of \$10.00 or less (not applicable in KS, NH & WA).



# **LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

## **COUNTRYWIDE RATES/RULES MANUAL**

### **Part 1 – General Rules**

#### **V. RETURN PREMIUM**

- A. Deletion of any coverage, other than optional coverages, is not permitted unless the entire policy is canceled.
- B. Compute return premium at the rates used to calculate the policy premium at the inception of this policy period.
- C. Compute return premium pro rata and round in accordance with the Whole Dollar Rule when any coverage or exposure is deleted or an amount of insurance is reduced.
- D. Waive return premium of \$10.00 or less (not applicable in KS, NH & WA). Grant any return premium due if requested by the insured. This waiver only applies to cash exchange due on the endorsement effective date.

#### **VI. POLICY CANCELLATIONS**

- A. The policy may be canceled flat within 60 days of the effective date. Evidence of such cancellation must be received by the Company within 60 days of such cancellation.
- B. Any cancellation initiated, other than by the insured, after more than 60 days will be canceled pro-rata.
- C. Cancellation initiated by the insured will be canceled pro-rata less a penalty of 10% (7.5% for AK) unless coverage is concurrently rewritten by the Company, in which case no penalty shall be applied.

#### **VII. COVERAGES**

Coverages under this policy shall be as described in the respective Coverage Parts. It shall be permissible to attach more than one Coverage Part to the policy. The following are the combinations of coverages that are available under this policy:

Professional Liability and General Liability  
Professional Liability only

Note: General Liability cannot be purchased on a stand-alone basis.



# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 1 – General Rules

#### VIII. PREMIUM COMPUTATION

- A. Compute the premium at policy inception using the rules, rates, and rating plans in effect at that time. At each renewal, compute the premium using the rules, rates, and rating plans then in effect.
- B. Prorate the premium when a policy is issued for less than a whole year.
- C. Premiums are calculated as specified for the respective coverage. Premium rounding will be done at the end of the computation process in accordance with the Whole Dollar Rule.

For limits not specified in the rating rules, calculate the premiums by interpolating between the next highest available occurrence limit and the next lowest available occurrence limit. The corresponding aggregate limit will be three times the requested occurrence limit.

#### **Available coverages under this program are:**

a. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium. Coverage is available on an individual basis for individuals with no employees, or on a Firm/Group basis for firms and/or Groups with employees and/or independent contractors. Rules that apply to Firms/Groups only are described as such herein.

b. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium,  $r_1$ , is the first location rate,  $r_2$ , is the additional location rate, and n is the total number of locations.

c. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

D. Firm/Group Rates and Policy Minimum

The following minimum premium per policy shall apply to all firm policies. If the applicant:

- a) has any employees or independent contractors and wishes to cover the direct and/or vicarious liability exposure of those individuals;
- b) or if the applicant has no employees but still wishes to have the business name as the first named insured;



# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 1 – General Rules

then the policy will be issued to the business as a firm and be subject to the minimum premiums as follows:

Nurse Practitioner Firm/Group \$ 2,500

Physical Therapy Firm/Group of 15 or more headcount including Independent Contractors \$ 5,000

Staffing Services Firm/Group of 6 or more headcount \$ 2,500

Home Health Firm/Group of 6 or more headcount \$ 2,000

All other Firms/Groups \$ 300

### **IX. FACTORS OR MULTIPLIERS**

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

#### **A. Additional Limits**

##### Rules for Firms/Groups (Corporations, Partnerships, Organizations):

Coverage is provided on a shared per claim limit basis.

If separate limits are desired, the following debits apply, depending on the number of employees:

# of Rateable Employees	Debit
1	10.0%
2 – 9	12.0%
10 – 14	15.5%
15 or more	17.5%

##### Rule for Self-Employed Individual with a fully owned DBA or Corporation and no Healthcare Employees or Independent Contractors

A fully owned DBA or Corporation may be added as an Additional Insured via form HCPL-8003, with a shared limit of insurance at no additional premium charge, but solely for the negligence of the individual Insured named on the Declarations. Alternatively, the DBA may appear as the Named Insured under a Firm Policy in accordance with Rule VIII D.

#### **B. Deductibles**

When deductible options are requested or required, the following credits are applicable to the developed policy premium. The same deductibles apply to Professional Liability and, if purchased, General Liability coverage sections.



# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 1 – General Rules

Amount	Credit
\$1,000	1%
\$2,500	2.5%
\$5,000	5%
\$10,000	10%
\$15,000	11%
\$20,000	13%
\$25,000	15%

#### C. Exposure Reduction

Reduced rates apply to insureds engaged in practices that reduce the risk of loss. If an insured qualifies under more than one category, only the category that provides the lowest rate applies.

i) Part-time Practice:

Part-time rates apply to self-employed professionals practicing 20 or fewer (16 or fewer for Mental Health in LA and CA only) hours per week. These rates are shown on the rate page as part-time self-employed.

ii) Newly Graduating Professionals:

Classes: Athletic Trainer; Dietitian; Dietetic Technician; Health Coach; Occupational Therapist; Respiratory Therapist; Pharmacists

New graduate rates apply to individual professionals of the following classes who graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Class: Optometrist

New graduate rates apply to individual Optometrists who graduated within one year prior to the policy effective date. The rate for such Optometrists shall be 75% of the rate shown on the rate page.

Class: Nurses

First Year Graduate RN is defined as a Registered Nurse who completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual. Refer to the rate pages for discounted rate.

The lowest rate given by i.) or ii.) above applies.

#### D. Risk Management Credit

Individual Insureds are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Please refer to the table below for the eligible specialties



# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 1 – General Rules

and discounts For Firms/Groups, at least 50% of the ratable professionals must have attended a “seminar” for this credit to apply.

	Athletic Trainers <sup>2</sup>	Audiologist/ Speech Language Pathologist	Mental Health Specialist <sup>2</sup>	Nurses <sup>2</sup>	Opto- metrists	Pharma- cists	Rehab Therapists	All Other Classes
BOC Certification	10% <sup>1</sup>	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Completion/passed National Board Certified Counselor Exam	N/A	N/A	10%	N/A	N/A	N/A	N/A	N/A
Participation or attendance at a company approved loss prevention, loss control, risk management, or legal issues seminar or other educational forum	10%	10%	10%	10% <sup>1</sup>	10%	25%	10% <sup>1</sup>	10%
CCC Credit	N/A	5% <sup>1</sup>	N/A	N/A	N/A	N/A	N/A	N/A
ACE Credit	N/A	10% <sup>1</sup>	N/A	N/A	N/A	N/A	N/A	N/A
CCC/ACE Credit	N/A	15% <sup>1</sup>	N/A	N/A	N/A	N/A	N/A	N/A
Certification from AANPCP, ANCC or other certifying bodies	N/A	N/A	N/A	10% <sup>1</sup>	N/A	N/A	N/A	N/A
Employment at a Magnet Hospital	N/A	N/A	N/A	10% <sup>1</sup>	N/A	N/A	N/A	N/A
Employment in a unit that has received the Beacon Award for Critical Care Excellence.	N/A	N/A	N/A	10% <sup>1</sup>	N/A	N/A	N/A	N/A

<sup>1</sup> Sponsored Applicants only.

<sup>2</sup> Risk Management Credit cannot exceed 10%.



# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 1 – General Rules

#### **E. Firm/Group Size**

For Physical Therapist:

For purposes of rating, a Firm/Group is defined as more than one professional practicing together. An additional 1.15 multiplying factor will be applied to each Firm/Group policy premium.

For Mental Health Specialist:

A size of Firm/Group credit will be provided for practices which insure more than one professional under one policy. This premium credit will be based upon the number of professionals insured under the policy as follows:

<b>Number of Professionals</b>	<b>Credit</b>
1 – 2	0.00%
3 – 5	4.00%
6 – 10	6.00%
11 – 15	8.00%
16+	10.00%

For Other than Physical Therapist and Mental Health Specialists

A size of Firm/Group credit will be provided for practices which insure more than one professional under one policy (“firm/groups”). This premium credit will be based upon the number of professionals insured under such policy as follows:

<b>Number of Professionals</b>	<b>Credit</b>
2–9	4.00%
10–14	8.00%
15+	12.00%

#### **F. Exposure Debits for Firms/Groups**

<b>Category</b>	<b>Debit</b>
Registry/Staffing	A surcharge of 25% of developed premium before debits/credits will be added to Firms/Groups that provide staffing to other facilities, firms or locations.
Background Check	A surcharge of 10% of developed premium before debits/credits will be added to Firms/Groups not performing background checks on their employees and independent contractors.
Nursing Home/Assisted Living/LTC	A surcharge of 25% of developed premium before debits/credits will be added to Firms/Groups that do more than 50% staffing of Nursing Home Facilities or Assisted Living Facilities.



# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 1 – General Rules

Category	Debit
High Tech/Critical Care	A surcharge of 25% of developed premium before debits/credits will be added to Firms/Groups performing High Tech (i.e., Trach care, Ventilator care, Chemotherapy, etc.) or Critical Care.
Workers Compensation Exposure, <u>Physical Therapist</u> Firms/Groups only	A surcharge of 20% of developed premium before debits/credits will be added to Physical Therapy Firms/Groups when Workers' Compensation (WC) related patient treatment exposure exceeds 40% of the Firm/Group's total patient treatment.

#### G. Full Time Equivalents (FTE)

For calculating headcount, when applicable, full time equivalents will be utilized for Firms/Groups. Full time is defined as 40 hours a week. The total number of hours per week for each employed, contracted or ratable independent contractor working in a filed allied healthcare professional occupation will be divided by 40 to determine the number of full time equivalents for that professional occupation.

The full time equivalent rule is subject to minimum policy premium.

#### H. Optional Coverages:

**Non-Direct Patient Care Services:** Individual or Firm/Group insureds engaged in services other than the provision of direct medical care to clients or patients, including such services as Case Management, Consulting, Education, Life Care Planning and Utilization Review, may purchase coverage for Non-Direct Patient Care Services based on the number of professionals providing these services. For an individual insured, the premium charge is a flat \$25 annually. For a firm, an annual premium charge of \$25 per individual professional engaged in one or more of the above services is added to the Firm/Group's premium. (As an example, a firm with six total healthcare employees and only three providing Non-Direct Patient Care Services would be charged \$75 [3x25] annually for this coverage extension.) The Non-Direct Patient Care Services premium charge is not applicable to: Part 3 – Individual Student Program; Part 4 – Student Blanket Program; and Part 5 – Federation Rating Rules.

**Medical Director or Administrator Liability (available for Firms/Groups only):** Medical Director or Administrator coverage may be added to the policy on a sub-limited basis for \$500 or 10% of the base premium before surcharges, whichever is higher. The limit of liability for this coverage is \$100,000 Each Claim/\$300,000 Aggregate as a sub-limit of the Professional Liability limit shown on the declarations. If more than one medical director is employed by the firm and coverage is desired for each on a separate sublimited basis, such additional directors may be added for an additional premium of \$250 or 5% of the base premium before surcharges whichever is higher. Alternatively, the limits may be shared by all Medical Directors for the greater of one \$500 or 10% surcharge. This coverage applies only to the Medical Director's administrative duties and does not apply to actual performance of medical services, whether performed as part of the directors function with the firm, nor does it apply to services performed as a Good Samaritan.





# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 1 – General Rules

**Damage to Property of Others:** Optional Damage to Property of Others aggregate limit may be increased to \$25,000 for a flat charge of \$50.

#### **I. Modification Schedule**

Other risk modifications may be applied to the rate subject, however, to a maximum credit or debit as set forth in the State Modification Limits table. Premium eligibility is as follows: \$2,500 in NY, \$1,000 in WA, \$1,000 in FL before and after the application of schedule rating modifiers, and \$6,000 (after modification) in LA. This is not applicable for all other states.

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

**Experience Factor:** +50% to -50%

Non-Renewed within Past 10 Years

Claims Experience

Licensing Board Experience

**Quality Management:** +50% to -50%

Loss Control

Ethical or Moral Standing

Number of years in business

Multiple Medical Professions

**Location:** +50% to -50%

Nursing Home

Hospital

Free Standing Clinic

Home Health Care

Multiple Locations

**Area of Practice:** +50% to -50%

Direct Patient Care

Cosmetic Procedures

Supervision of Others

Correctional Facilities



# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 1 – General Rules

State Modification Limits. The table below shows the maximum available Schedule Rating credit/debits % for insureds located in those states.

-15/15	-25/25			-40/25	-40/40		-50/+40	-50/50	NA <sup>1</sup>
NY <sup>2</sup>	AL	IA	NM	SC	AK	NH	GA	IL	HI
	AZ	ID	OH		MD	OK		IN	NE
	AR	KS	OR		ME	PA		KY	
	CA	LA <sup>2</sup>	PR		MN	RI		NC	
	CO	MA	SD		MS	TX		NV	
	CT	MI	UT		MT			TN	
	DC	MO	VT					VA	
	DE	ND	WA					WI	
	FL	NJ	WV					WY	

<sup>1</sup> NA = Schedule Rating is not available

<sup>2</sup> Characteristics capped at +/-10%.

### X. CONVERTING FROM A CLAIMS-MADE POLICY

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pre-pay:

Prior Acts Period	Prepaid Factor
1 Year Prior	0.808
2 Years Prior	1.154
3 Years Prior	1.238
4+ Years Prior	1.263

### XI. EMPLOYEE RATES

Whenever a rate for an individual employee is not provided, use the corresponding rate for an employed individual.

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules

#### A. Allied Health Professionals

#### I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
ART, DANCE, DRAMA, MUSIC, RECREATIONAL THERAPIST, FELDENKRAIS THERAPY PRACTITIONER, ALEXANDER THERAPY PRACTITIONER, TRAGER THERAPY PRACTITIONER, BODYWORK THERAPY PRACTITIONER, POLARITY THERAPY PRACTITIONER, SOMATIC THERAPY PRACTITIONER **							
Employed/Employee	56	60	61	70	84	98	108
Self-employed	213	226	232	264	318	372	410
Part-time	94	100	103	117	141	165	182
ATHLETIC TRAINER, MASSAGE & OTHER THERAPISTS (including CORRECTIVE THERAPIST, HELLER WORKER, ROLFER, STRUCTURAL BODY WORKER) **							
Employed/Employee	143	151	155	177	213	249	275
Self-employed	691	733	753	857	1032	1207	1,331
Part-time	294	312	320	364	439	514	566
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST - SEE SEPARATE RATE PAGE (Part 2.B.)							
DENTAL HYGIENIST/ASSISTANT - SEE SEPARATE RATE PAGE (Part 2.C.)							
DIETITIAN & NUTRITIONIST – SEE SEPARATE RATE PAGE (Part 2.D)							
ELECTROLOGIST **							
Employed	70	74	76	86	104	122	134
Employee	84	89	91	104	125	146	161
Self-employed	320	339	349	397	478	559	617
Part-time	142	151	155	176	212	248	273
INTERPRETER FOR THE DEAF **							
Employed/Employee	42	45	46	52	63	74	81
Self-employed	78	82	85	96	116	136	150
MENTAL HEALTH SPECIALISTS – SEE SEPARATE RATE PAGE (Part 2.E.)							
MEDICAL TECHNOLOGIST - SEE SEPARATE RATE PAGE (Part 2.F.)							

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules

#### A. Allied Health Professionals

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
MEDICAL RECORDS & PROCEDURAL CODERS & PROFESSIONAL CODERS **							
Employed/Employee	56	60	61	70	84	98	108
Self-employed	213	226	232	264	318	372	410
NURSE - SEE SEPARATE RATE PAGE (Part 2.G.)							
OCCUPATIONAL THERAPIST – SEE SEPARATE RATE PAGE (Part 2.H.)							
OPTICIAN **							
Employed	140	148	153	173	209	245	270
Self-employed	241	255	262	298	359	420	463
Part-time	180	191	196	223	269	315	347
OPTOMETRIST - SEE SEPARATE RATE PAGE (Part 2.I.)							
ORTHOPEDIC TECHNICIAN **							
Employed	58	62	64	72	87	102	112
Self-employed	628	666	685	779	938	1,097	1,210
Part-time	267	283	291	331	399	467	515
ORTHOTIST **							
Employed	130	138	142	161	194	227	250
PHARMACIST/PHARMACIST TECHNICIAN/ RETAIL DRUGGIST - SEE SEPARATE RATE PAGE (Part 2.J.)							
PHYSICAL THERAPIST - SEE SEPARATE RATE PAGE (Part 2.K.)							
PHYSICIAN ASSISTANT - SEE SEPARATE RATE PAGE (Part 2.L.)							
REHABILITATION COUNSELER / THERAPIST / ASSISTANT - SEE SEPARATE RATE PAGE (Part 2.M.)							
RESPIRATORY THERAPIST - SEE SEPARATE RATE PAGE (Part 2.M.)							
STRENGTH & CONDITION - SEE SEPARATE RATE PAGE (Part 2.N.)							

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules

#### A. Allied Health Professionals

##### ADDITIONAL INSURED \*\*

	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
Additional Insured - Professional Liability Only	110	111	114	129	156	183	201
Additional Insured - Professional Liability and General Liability	126	129	132	150	181	212	233
Additional Insured - General Liability only (available only if GL first location is purchased)	16	17	18	21	25	29	32

##### ADDITIONAL INSURED – ATHLETIC TRAINERS \*\*

	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
Additional Insured - Professional Liability Only	105	111	114	129	156	183	201
Additional Insured - Professional Liability and General Liability	121	129	132	150	181	212	233
Additional Insured - General Liability only (available only if GL first location is purchased)	17	18	18	21	25	29	32

##### GENERAL LIABILITY PREMIUM \*\*

	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
First Location	80	85	88	100	120	140	155
per Additional Location	34	36	37	42	50	59	65

**Notes:**

\* The 250K/750K limits option is applicable only for INDIANA

\*\* Rates for additional insureds and general liability apply to the occupations listed above that are not referenced in a separate rates page.

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules

#### B. Audiology/Speech Pathology Program

#### I. RATES – SPONSORED

OCCUPATION	200K / 200K	500K / 500K	1M / 3M	1M / 5M	2M / 5M	2M / 6M
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST						
Employed	43	50	57	79	92	96
Employee	28	32	36	39	46	48
Self-employed	78	91	105	143	167	174
SPEECH – LANGUAGE PATHOLOGIST ASSISTANT / AIDE, AUDIOLOGIST ASSISTANT/AIDE						
Employed	39	45	51	71	83	86
Employee	25	29	32	35	41	43
Self-employed	70	82	95	129	150	156

#### ADDITIONAL INSURED

	200K / 200K	500K / 500K	1M / 3M	1M / 5M	2M / 5M	2M / 6M
Additional Insured - Professional Liability Only	110	129	134	142	166	173
Additional Insured - Professional Liability and General Liability	128	149	155	165	193	201
Additional Insured - General Liability only (available only if GL first location is purchased)	18	20	21	23	27	28

#### GENERAL LIABILITY PREMIUM

	200K / 200K	500K / 500K	1M / 3M	1M / 5M	2M / 5M	2M / 6M
First Location	73	83	95	95	111	115
per Additional Location	29	33	37	38	44	46

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules

#### B. Audiology/Speech Pathology Program

#### II. RATES – NON-SPONSORED

OCCUPATION	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	2M / 6M
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST						
Employed	43	50	57	79	92	101
Employee	28	32	36	39	46	51
Self-employed	78	91	105	143	167	184
SPEECH – LANGUAGE PATHOLOGIST ASSISTANT / AIDE, AUDIOLOGIST ASSISTANT/AIDE						
Employed	39	45	51	71	83	91
Employee	25	29	32	35	41	45
Self-employed	70	82	95	129	150	165

#### ADDITIONAL INSURED

	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	2M / 6M
Additional Insured - Professional Liability Only	110	129	134	142	166	183
Additional Insured - Professional Liability and General Liability	128	149	155	165	193	201
Additional Insured - General Liability only (available only if GL first location is purchased)	18	20	21	23	27	28

#### GENERAL LIABILITY PREMIUM

	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	2M / 6M
First Location	73	83	95	95	111	122
per Additional Location	29	33	37	38	44	48

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules

#### C. Dental Hygiene Professionals Program

#### I. RATES

OCCUPATION <sup>1</sup>	200K / 200K	500K / 500K	250K / 750K *	1M / 1M	1M / 3M	2M / 4M	2M / 6M
DENTAL HYGIENIST /ASSISTANT / DENTAL THERAPIST							
Employed	50	57	48	62	66	77	85
Employee	48	57	47	62	65	76	84
Self-employed	188	219	184	238	252	295	325
Part-time	84	97	81	105	111	130	143

#### ADDITIONAL INSURED

	200K / 200K	500K / 500K	250K / 750K *	1M / 1M	1M / 3M	2M / 4M	2M / 6M
Additional Insured – Professional Liability Only	110	129	114	147	156	183	201
Additional Insured – Professional Liability and General Liability	126	129	132	150	181	212	233
Additional Insured – General Liability only (available only if GL first location is purchased)	16	17	18	21	25	29	32

#### GENERAL LIABILITY PREMIUM

	200K / 200K	500K / 500K	250K / 750K *	1M / 1M	1M / 3M	2M / 4M	2M / 6M
First Location	98	116	96	132	132	154	170
per Additional Location	40	46	39	52	53	62	68

**Notes:**

\* The 250K/750K limits option is applicable only for INDIANA



# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules

#### D. Dietitian Program

#### I. RATES – ACADEMY DIETITIAN & NUTRITIONIST

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 5M	2M / 5M	2M / 6M
ACADEMY DIETITIAN & NUTRITIONIST / NUTRITIONAL CONSULTANT / NUTRITIONAL COUSELOR / DIETETIC TECHNICIAN / HEALTH COACH/CLINICAL NUTRITIONIST							
Employed/Employee	48	50	52	59	71	87	92
Self-employed (Full Time)	79	84	86	98	118	144	152
Self-employed (Part Time)	60	64	66	75	90	110	116

#### ADDITIONAL INSURED

	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 5M	2M / 5M	2M / 6M
Additional Insured – Professional Liability Only	105	110	114	129	156	183	201
Additional Insured – Professional Liability and General Liability	121	127	132	150	181	212	233
Additional Insured – General Liability only (available only if GL first location is purchased)	16	17	18	21	25	29	32

#### GENERAL LIABILITY PREMIUM

	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 5M	2M / 5M	2M / 6M
First Location	80	85	88	100	120	140	155
per Additional Location	34	36	37	42	50	59	65

**Notes:**

\* The 250K/750K limits option is applicable only for INDIANA

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules

#### D. Dietitian Program

#### II. RATES – NON ACADEMY DIETITIAN & NUTRITIONIST

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
NON ACADEMY DIETITIAN & NUTRITIONIST / NUTRITIONAL CONSULTANT / NUTRITIONAL COUSELOR / DIETETIC TECHNICIAN / HEALTH COACH / CLINICAL NUTRITIONIST							
Employed/Employee	51	54	55	63	76	89	98
Self-employed (Full Time)	190	201	207	235	283	331	365
Self-employed (Part Time)	88	94	96	110	132	154	170

#### ADDITIONAL INSURED

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
Additional Insured – Professional Liability Only	110	111	114	129	156	183	201
Additional Insured – Professional Liability and General Liability	126	129	132	150	181	212	233
Additional Insured – General Liability only (available only if GL first location is purchased)	16	17	18	21	25	29	32

#### GENERAL LIABILITY PREMIUM

	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
First Location	80	85	88	100	120	140	155
per Additional Location	34	36	37	42	50	59	65

**Notes:**

\* The 250K/750K limits option is applicable only for INDIANA

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules E. Mental Health Program

#### I. RATES

##### EMPLOYED COUNSELORS

	LIMIT OPTIONS					
	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	2M / 6M
<b>Individual Rates Per Person</b>						
Employed Counselor	172	212	294	328	384	422
Drug & Alcohol Counselor	97	149	210	226	264	290
School Counselor (K-12)	103	130	184	201	235	258
Employed Social Worker	143	156	205	220	257	283
School Social Worker	86	96	128	135	158	174
Marriage and Family Therapist						
Behavioral Therapist	72	79	103	111	130	143

##### SELF-EMPLOYED AND GROUPS

###### **Per partner, director, owner, officer and self-employed:**

Counselor	295	320	419	451	528	581
Drug & Alcohol Counselor	97	149	210	226	264	290
Social Worker (Full Time)	197	215	282	303	355	390
Social Worker (Part Time)	128	140	183	197	231	254
Marriage and Family Therapist						
Behavioral Therapist (full-time)	160	174	229	246	287	316
Marriage and Family Therapist						
Behavioral Therapist (part-time)	80	87	115	123	144	158
<i>*Other Professional</i>	295	320	419	451	528	581

###### **Per employee of self-employed individual or group:**

Counselor (Full Time)	295	320	419	451	528	581
Counselor (Part Time)	192	208	272	293	343	377
Drug & Alcohol Counselor (Full Time)	97	149	210	226	264	290
Drug & Alcohol Counselor (Part Time)	63	97	137	147	172	189
Social Worker (Full Time)	143	156	205	220	257	283
Social Worker (Part Time)	93	101	133	143	167	184
<i>*Other Professional</i>	62	73	77	84	98	108

\* Does not include Psychologists.

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules E. Mental Health Program

<b>Additional Insureds</b>	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
First Additional Insured – Professional Liability Only	80	94	107	113	132	145
Each Subsequent Additional Insured – Professional Liability Only	21	23	26	29	34	37
Additional Insured - General Liability only (available only if GL first location is purchased)	17	21	24	25	29	32

If an insured purchases both Additional Insured – Professional Liability and Additional Insured – General Liability, add the corresponding rates together.

The following optional GL coverages are only available to insureds who are groups or self-employed. The limits of the optional GL coverage must equal the professional liability limits.

#### OPTIONAL COVERAGES

	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
<b>General Liability</b>						
First Location	98	116	130	132	154	169
Each Subsequent Location	40	46	52	53	62	68

#### ANY PSYCHOLOGIST

In the State of: ALABAMA, ALASKA, ARKANSAS, CONNECTICUT, DELAWARE, HAWAII, INDIANA\*\*, IOWA, KENTUCKY, MAINE, MASSACHUSETTS, NORTH DAKOTA, OKLAHOMA, RHODE ISLAND, SOUTH CAROLINA, UTAH, VERMONT, WEST VIRGINIA and WYOMING

	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
<b>Rates Per Person</b>	754	875	1,136	1,279	1,496	1,646

\*\* INDIANA only: The rate per person for limits 250K/750K is \$842.

In the State of: DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, IDAHO, ILLINOIS, KANSAS, MARYLAND, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, OHIO, PENNSYLVANIA, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, WASHINGTON and WISCONSIN

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules E. Mental Health Program

	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
<b>Rates Per Person</b>	927	1,077	1,398	1,572	1,839	2,023

In the State of: ARIZONA, COLORADO, LOUISIANA, MICHIGAN, MINNESOTA, NEW JERSEY,  
NEW MEXICO and OREGON

	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
<b>Rates Per Person</b>	1,587	1,847	2,397	2,696	3,154	3,469

	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
<b>Additional Insureds</b>						
First Additional Insured – Professional Liability Only	80	94	107	113	132	145
Each Subsequent Additional Insured – Professional Liability Only	21	23	26	29	34	37
Additional Insured - General Liability only (available only if GL first location is purchased)	17	21	24	25	29	32

If an insured purchases both Additional Insured – Professional Liability and Additional Insured – General Liability, add the corresponding rates together.

The following optional GL coverages are only available to insureds who are groups or self-employed. The limits of the optional GL coverage must equal the professional liability limits.

#### OPTIONAL COVERAGES

	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
<b>General Liability</b>						
First Location	98	116	130	132	154	169
Each Subsequent Location	40	46	52	53	62	68

A part-time rate will apply to self-employed professionals or rateable members of a group who work 20 hours or less per week. The part-time rate is 65% of the full-time rate and applies to each qualified individual.

# LIBERTY INSURANCE UNDERWRITERS, INC

## HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

### COUNTRYWIDE RATES/RULES MANUAL

#### Part 2 – Rating Rules

#### F. Medical Technologist Program

#### I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
MEDICAL TECHNOLOGIST (Electrophysiology, Ophthalmic, Surgical, Radiologic)							
Employed	76	81	83	95	114	134	147
Employee	92	98	101	114	138	161	177
Self-employed (Full Time)	352	373	384	437	526	615	676
Self-employed (Part Time)	156	166	170	194	233	273	300
OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
MEDICAL TECHNICIANS (Cardiopulmonary, Cardiovascular, Clinical Radiography, Cytogenetic Technologist, Dialysis, Electrocardiograph (EKG), Electroencephalographic (EEG), Laboratory, MRI, Nuclear Medical, Polysomnographic, Ultrasound, Vascular, X-Ray, Polysomnographic)							
Employed	76	81	83	95	114	134	147
Employee	92	98	101	114	138	161	177
Self-employed (Full Time)	352	373	384	437	526	615	676
Self-employed (Part Time)	156	166	170	194	233	273	300
OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
Certified Ophthalmic Photographer, Lactation Consultant, Medical Assistant, Medical Records Administrator, Phlebotomist, Sonographer, Surgical Assistant							
Employed	76	81	83	95	114	134	147
Employee	92	98	101	114	138	161	177
Self-employed (Full Time)	352	373	384	437	526	615	676
Self-employed (Part Time)	156	166	170	194	233	273	300

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules F. Medical Technologist Program

#### ADDITIONAL INSURED

	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
Additional Insured - Professional Liability Only	110	111	114	129	156	183	201
Additional Insured - Professional Liability and General Liability	126	129	132	150	181	212	233
Additional Insured - General Liability only (available only if GL first location is purchased)	16	17	18	21	25	29	32

#### GENERAL LIABILITY PREMIUM

	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
First Location	80	85	88	100	120	140	155
per Additional Location	34	36	37	42	50	59	65

#### Notes:

\* The 250K/750K Limit is applicable only for INDIANA

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules

#### G. Nurses Program

#### I. RATES

##### Employed Professionals

	<b>100/300</b>	<b>200/600</b>	<b>500/1M</b>	<b>1M/6M</b>	<b>2M/4M</b>	<b>2M/6M</b>
First Year Graduate RN's (ANA only)	30	32	37	45	53	58
First Year Graduate RN's	46	48	56	68	80	88
LPN's, LVN's, Nurses Aides/Assistants	66	70	81	98	114	126
RN's (excluding Obstetrical RN's)	66	70	81	98	114	126
Doula, Childbirth Educator (eg. Lamaze)	66	70	81	98	114	126
Obstetrical RN's						
Full-Time (More than 20hrs/week)	258	273	320	385	450	497
Part-Time (20hrs/week or less)	129	137	160	193	225	249

##### Advanced Practice Nurses \*

	<b>100/300</b>	<b>200/600</b>	<b>500/1M</b>	<b>1M/6M</b>	<b>2M/4M</b>	<b>2M/6M</b>
OB/GYN, OB/GYN Acute Critical Care Advanced Practice Nurse *	926	981	1,147	1,382	1,617	1,783
Psychiatric/Mental Health Advanced Practice Nurse *						
Full-Time (More than 20 hrs/week)	579	613	717	864	1,011	1,115
Part-Time (20hrs/week or less)	290	307	359	432	506	558
Pediatric/Family Practice/ Acute Critical Care (No OB/GYN)/Community Health/Maternal & Child/Medical- Surgical/Neonatology/School Advanced Practice Nurse *						
Full-Time (More than 20hrs/week)	752	796	932	1,123	1,314	1,449
Part-Time (20hrs/week or less)	376	398	466	562	657	725
All Other Advanced Practice Nurse *						
Full-Time (More than 20hrs/week)	405	430	502	605	708	780
Part-Time (20hrs/week or less)	203	215	251	303	354	390



# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules

#### G. Nurses Program

##### Self-Employed Professionals

	100/300	200/600	500/1M	1M/6M	2M/4M	2M/6M
Obstetrical Nurses						
Full-Time (more than 20 hrs/week)	590	625	730	880	1,030	1,135
Part-Time (20hrs/week or less)	295	313	365	440	515	568
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)						
Full-Time (more than 20hrs/week)	258	273	320	385	450	497
Part-Time (20hrs/week or less)	129	137	160	193	225	249
Doula, Childbirth Educator (eg. Lamaze)						
Full-Time (more than 20hrs/week)	258	273	320	385	450	497
Part-Time (20hrs/week or less)	129	137	160	193	225	249

##### Advanced Practice Nurses\*

	100/300	200/600	500/1M	1M/6M	2M/4M	2M/6M
OB/GYN, OB/GYN Acute Critical Care Advanced Practice Nurse *	1,111	1,177	1,376	1,658	1,940	2,139
Psychiatric / Mental Health Advanced Practice Nurse*						
Full-Time (More than 20hrs/week)	695	736	860	1,037	1,213	1,338
Part-Time (20hrs/week or less)	348	368	430	518	607	669
Pediatric/Family Acute Critical Care (No OB/GYN)/Community Health/Maternal & Child/Medical-Surgical/Neonatology/School Advanced Practice Nurse*						
Full-Time (More than 20hrs/week)	902	955	1,118	1,348	1,577	1,739
Part-Time (20hrs/week or less)	451	478	559	674	788	870
All Other Advanced Practice Nurse*						
Full-Time (More than 20hrs/week)	486	516	602	726	850	937
Part-Time (20hrs/week or less)	243	258	301	364	425	469

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules

#### G. Nurses Program

##### Optional Coverages

	100/300	200/600	500/1M	1M/6M	2M/4M	2M/6M
General Liability - First Location	80	85	100	120	140	155
General Liability - per Additional Location	34	36	42	50	59	65
Additional Insureds - Professional Liability only	84	89	104	125	146	161
Additional Insureds - Professional Liability & General Liability	101	107	125	150	176	194
Additional Insureds – General Liability only	17	18	21	25	29	32

\* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority. Clinical Nurse Practitioners without Prescriptive and Medical Diagnostic Authority are rated at the corresponding RN rate.

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules

#### H. Occupational Therapist Program

#### I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
Occupational Therapist / Occupational Therapy Assistant							
Employed	54	58	59	67	81	95	104
Employee	54	58	59	67	81	95	104
Self-employed (Full Time)	152	161	166	188	227	266	293
Self-employed (Part Time)	71	75	77	88	106	124	137

#### ADDITIONAL INSURED

	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
Additional Insured – Professional Liability Only	105	110	114	129	156	183	201
Additional Insured – Professional Liability and General Liability	121	127	132	150	181	212	233
Additional Insured – General Liability only (available only if GL first location is purchased)	16	17	18	21	25	29	32

#### GENERAL LIABILITY PREMIUM

	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
First Location	80	85	88	100	120	140	155
per Additional Location	34	36	37	42	50	59	65

\* The 250K/750K Limit is applicable only for INDIANA

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules I. Optometrist Program

#### I. RATES

<b>TERRITORY I:</b>	<b>100K / 300K</b>	<b>200K / 600K</b>	<b>500K / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
EMPLOYED	314	333	389	469	549	604
SELF-EMPLOYED full time	314	333	389	469	549	604
SELF-EMPLOYED part time	242	256	300	361	422	464
Alabama, Alaska, Arizona, Arkansas, Delaware, Hawaii, Idaho, Indiana*, Iowa, Kansas, Kentucky, Maine, Maryland, Mississippi, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming.						

\* For Indiana only, rates for \$250K/\$750K limits are as follows: EMPLOYED = \$342; SELF-EMPLOYED full time = \$342; SELF-EMPLOYED part time = \$264.

<b>TERRITORY II:</b>	<b>100K / 300K</b>	<b>200K / 600K</b>	<b>500K / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
EMPLOYED	377	399	466	562	658	724
SELF-EMPLOYED full time	377	399	466	562	658	724
SELF-EMPLOYED part time	290	307	359	433	507	558
Colorado Georgia Illinois, <i>other than Cook County</i> Massachusetts, <i>other than Norfolk and Suffolk Counties</i> Michigan, <i>other than Wayne County</i> Minnesota Missouri Nevada New Jersey, <i>other than Camden, Hudson, Essex, Union, and Mercer Counties</i> Pennsylvania, <i>other than Philadelphia County</i> Texas, <i>other than Dallas and Harris</i>						

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules I. Optometrist Program

<b>TERRITORY III:</b>	<b>100K / 300K</b>	<b>200K / 600K</b>	<b>500K / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
EMPLOYED	600	636	744	896	1,048	1,153
SELF-EMPLOYED full time	600	636	744	896	1,048	1,153
SELF-EMPLOYED part time	462	490	573	690	807	888
Illinois: <i>Cook County</i>						
Louisiana						
Massachusetts: <i>Norfolk and Suffolk Counties</i>						
New Jersey: <i>Camden, Hudson, Essex, Union, and Mercer Counties</i>						
Pennsylvania: <i>Philadelphia County</i>						
Texas: <i>Dallas and Harris Counties</i>						

<b>TERRITORY IV:</b>	<b>100K / 300K</b>	<b>200K / 600K</b>	<b>500K / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
EMPLOYED	1,058	1,121	1,311	1,579	1,847	2,032
SELF-EMPLOYED full time	1,058	1,121	1,311	1,579	1,847	2,032
SELF-EMPLOYED part time	814	863	1,008	1,215	1,422	1,564
Connecticut						
District of Columbia						
Michigan: <i>Wayne County</i>						

Please refer to NY, FL & CA only rate pages for specific rates for these states.

### OPTIONAL COVERAGES

	<b>100K / 300K</b>	<b>200K / 600K</b>	<b>500K / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
Additional Insured - Professional Liability Only	105	111	129	156	183	201
Additional Insured - Professional Liability and General Liability	121	128	150	181	212	233
Additional Insured - General Liability only (available only if GL first location is purchased)	16	17	21	25	29	32
General Liability - First Location	80	85	100	120	140	155
General Liability - per Additional Location	34	36	42	50	59	65
* For Indiana only, rates for \$250K/\$750K limits are as follows: Additional Insured Professional Liability Only = \$114; Additional Insured - Professional Liability and General Liability = \$132; Additional Insured - General Liability only = \$18 ; General Liability – First Location = \$88; General Liability – each additional location = \$37.						

# LIBERTY INSURANCE UNDERWRITERS, INC

## HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

### COUNTRYWIDE RATES/RULES MANUAL

#### Part 2 – Rating Rules J. Pharmacists Program

#### I. RATES

OCCUPATION	200K / 600K	500K/ 1M	1M / 3M	2M / 4M	2M / 6M
PHARMACIST					
Employed/Employee	79	92	111	130	143
Self-employed (Full Time)	221	258	311	364	400
Self-employed (Part Time)	111	129	156	183	201
CONSULTANT PHARMACIST					
Employed/Employee	71	83	100	117	129
Self-employed (Full Time)	199	232	280	328	361
Self-employed (Part Time)	99	116	140	164	180
PHARMACISTS WITH RISK MANAGEMENT CREDIT (ASHP ASSOCIATION ONLY)					
Employed/Employee	71	83	100	117	129
Self-employed (Full Time)	199	232	280	328	361
Self-employed (Part Time)	99	116	140	164	180
PHARMACIST TECHNICIAN					
Employed/Employee	63	74	89	104	114
Self-employed (Full Time)	176	207	249	291	320
Self-employed (Part Time)	88	104	125	146	161
PHARMACIST STUDENT	32	37	45	53	58

#### ADDITIONAL INSUREDS

	200K / 600K	500K/ 1M	1M / 3M	2M / 4M	2M / 6M
Additional Insured - Professional Liability Only	117	137	165	193	212
Additional Insured - Professional Liability and General Liability	134	158	190	222	244
Additional Insured - General Liability only (available only if GL first location is purchased)	17	21	25	29	32

**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules**  
**J. Pharmacists Program**

**GENERAL LIABILITY PREMIUM**

	<b>200K / 600K</b>	<b>500K/ 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
First Location	85	100	120	140	154
per Additional Location	36	42	50	59	65

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules K. Physical Therapist Program

#### I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K*	500K/ 1M	1M / 3M	2M / 4M	2M / 6M
PHYSICAL THERAPIST							
Employed	122	129	133	151	182	213	234
Self-employed	386	409	420	478	576	674	741
PHYSICAL THERAPY AIDE/ASSISTANT							
Employed	54	57	58	66	80	94	103
Self-employed	181	192	197	224	270	316	348
Employees of Physical Therapy Groups	251	266	274	311	375	439	483

#### OPTIONAL COVERAGES

ADDITIONAL INSURED	100K / 300K	200K / 600K	250K / 750K*	500K/ 1M	1M / 3M	2M / 4M	2M / 6M
Additional Insured - Professional Liability Only	84	89	91	104	125	146	161
Additional Insured – Professional & General Liability	101	107	110	125	150	176	194
Additional Insured - General Liability only (available only if GL first location is purchased)	17	18	18	21	25	30	33

GENERAL LIABILITY PREMIUM	100K / 300K	200K / 600K	250K / 750K*	500K/ 1M	1M / 3M	2M / 4M	2M / 6M
First Location	80	85	88	100	120	140	154
per Additional Location	34	36	37	42	50	59	65

**Notes:**

\* The 250K/750K limit option is applicable only for Indiana Patient Compensation Fund ONLY



# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules L. Physician Assistant Program

#### I. RATES\*

**TERRITORY I:** Rest of Country with exception of IN, FL and NY (For IN, FL and NY rates refer to the state specific page)

PHYSICIAN ASSISTANT	100K / 300K	200K / 600K	500K / 1M	1M / 3M	2M / 6M
CLASS I	926	1,144	1,584	1,960	2,548
CLASS II	1,850	2,350	3,165	3,919	5,095
CLASS III	2,220	2,820	3,798	4,703	6,114

**TERRITORY II:** California, Illinois (Cook), Texas (Dallas, Fort Worth, Houston, Galveston, Beaumont, McAllen, Brownsville, and Harlingen).

PHYSICIAN ASSISTANT	100K / 300K	200K / 600K	500K / 1M	1M / 3M	2M / 6M
CLASS I	1,568	1,960	2,689	3,322	4,319
CLASS II	3,135	3,919	5,378	6,636	8,627
CLASS III	3,863	4,703	6,450	7,973	10,365

\* To determine the part-time rates, multiply the rates above by 0.50.

#### OPTIONAL COVERAGES

ADDITIONAL INSURED	100K / 300K	200K / 600K	500K / 1M	1M / 3M	2M / 6M
Additional Insured - Professional Liability Only	84	89	104	125	163
Additional Insured - Professional Liability and General Liability	101	107	125	150	195
Additional Insured - General Liability only (available only if GL first location is purchased)	16	17	21	25	32

GENERAL LIABILITY PREMIUM	100K / 300K	200K / 600K	500K / 1M	1M / 3M	2M / 6M
First Location	80	85	100	120	155
per Additional Location	34	36	42	50	65

# **LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

## **COUNTRYWIDE RATES/RULES MANUAL**

### **Part 2 – Rating Rules L. Physician Assistant Program**

#### **Definition of Rating Classes:**

Class I – A Physician Assistant who performs tasks ordinarily reserved for a physician and who works under the direction and supervision of a qualified licensed physician to assist that physician in the diagnostic management of patients.

Class II – A Physician Assistant who is involved in any of the following:

- Assisting in Surgery – Any exposure to an operating room other than for observation with GP/FP or General Surgeon;
- Assisting in anesthesiology;
- Any exposure of Trauma/Emergency Room procedures or responsibilities thereof (10 hours or less a week but does not include PA's answering calls for "own" patients);
- OB exposures limited to prenatal or postnatal care.

Class III - A Physician Assistant who is involved in any of the following:

- Assisting in Surgery – Any exposure to operating room other than for observation with an Orthopedic Surgeon, OB/GYN Surgeon, Cardiovascular Surgeon, Thoracic Surgeon, Neurosurgeon, and/or Plastic Surgeon;
- Any exposure to Trauma/Emergency Room procedures or responsibilities thereof (more than 10 hours a week);
- Exposure to OB including delivery room responsibilities;
- Exposure to cardiac catheterization lab.

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules

#### M. Rehabilitation and Respiratory Professionals

#### I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K*	500K / 1M	1M / 6M	2M / 4M	2M / 6M
REHABILITATION COUNSELOR / THERAPIST / ASSISTANT							
Employed/Employee	106	112	115	131	158	185	204
Self-employed (Full Time)	302	320	329	374	450	527	581
Self-employed (Part Time)	151	160	165	188	226	264	292
RESPIRATORY THERAPIST/ASSISTANT							
Employed/Employee	56	60	61	70	84	98	108
Self-employed (Full Time)	213	226	232	264	318	372	410
Self-employed (Part Time)	94	100	103	117	141	165	182

#### ADDITIONAL INSURED

	100K / 300K	200K / 600K	250K / 750K*	500K / 1M	1M / 6M	2M / 4M	2M / 6M
Additional Insured - Professional Liability Only	115	122	126	143	172	201	222
Additional Insured - Professional Liability and General Liability	131	139	144	164	197	230	254
Additional Insured - General Liability only (available only if GL first location is purchased)	16	17	18	21	25	29	32

#### GENERAL LIABILITY PREMIUM

	100K / 300K	200K / 600K	250K / 750K*	500K / 1M	1M / 6M	2M / 4M	2M / 6M
First Location	88	94	96	110	132	154	170
per Additional Location	37	39	40	46	55	64	71

**Note:**

\* The 250K/750K limits option is applicable only for INDIANA

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules N. Strength and Condition Program

#### I. RATES

OCCUPATION	100K / 300K	200K / 600K	500K/ 1M	1M / 3M	2M / 4M	2M / 6M
STRENGTH & CONDITION						
Employed	111	117	137	165	193	212
Self-employed (Full Time)	322	341	398	480	562	618
Employees of Strength & Condition Group	251	266	311	375	439	483

#### OPTIONAL COVERAGES

ADDITIONAL INSURED	100K / 300K	200K / 600K	500K/ 1M	1M / 3M	2M / 4M	2M / 6M
Additional Insured - Professional Liability Only	84	89	104	125	146	161
Additional Insured - Professional Liability and General Liability	101	107	125	150	176	194
Additional Insured - General Liability only (available only if GL first location is purchased)	17	18	21	25	30	33

GENERAL LIABILITY PREMIUM	100K / 300K	200K / 600K	500K/ 1M	1M / 3M	2M / 4M	2M / 6M
First Location	80	85	100	120	140	155
per Additional Location	34	36	42	50	59	65

**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**  
**COUNTRYWIDE RATES/RULES MANUAL**

**Part 3 – Individual Student Program**

**I. RATES:**

<b>CLASS I</b>	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
Annual Rates	17	19	23	35	41	45
Biannual Rates	33	37	45	68	80	88
Triennial Rates	48	53	64	98	115	126

<b>CLASS II</b>	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
Annual Rates	17	19	23	33	39	43
Biannual Rates	33	37	45	64	76	83
Triennial Rates	48	53	64	92	109	119

<b>CLASS III (NON-ASHA)</b>	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
Annual Rates	17	19	23	30	35	39
Biannual Rates	33	37	45	58	68	75
Triennial Rates	48	53	64	84	98	108

<b>CLASS III (ASHA)</b>	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
Annual Rates	17	19	23	30	35	39

<b>CLASS IV</b>	<b>100K / 300K</b>	<b>200K / 600K</b>	<b>1M / 3M</b>	<b>2M / 6M</b>
Rest of Country	72	96	151	195
California, Florida (Dade and Broward), Illinois (Cook), Texas (Dallas, Fort Worth, Houston, Galveston, Beaumont, McAllen, Brownsville and Harlingen)	119	149	244	N/A
New York - Bronx, Kings, Nassau, New York, Queens, Richmond and Suffolk	72	90	148	N/A
New York - Rest of State	43	58	91	N/A

# LIBERTY INSURANCE UNDERWRITERS, INC

## HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

### COUNTRYWIDE RATES/RULES MANUAL

#### Part 3 – Individual Student Program

ADA Active Student Member	200K / 600K	500K / 1M	1M / 5M	2M / 5M
Nationwide - Annual Rate	14	17	20	24

Multiply the applicable rate for each specialty by the number of students in that specialty. Add the preceding products.

## II. CLASSIFICATIONS:

### **Class I contains the following student occupations:**

Art Therapist  
 Athletic Trainer  
 Behavioral Therapist  
 Bio-Medical Technician  
 Blood Bank Technologist  
 Cardiopulmonary Technician  
 Cardiology Technician  
 Cardiovascular Technician  
 Child Care Assistant  
 Child Development and/or Family Services  
 Clinical Laboratory Technologist  
 Clinical Radiography Technician  
 Community Health Intern  
 Cosmetologist  
 Counselor  
 Cytogenetic Technologist  
 Dance Therapist  
 Dental Assistant  
 Dental Hygienist  
 Dental Laboratory Technician  
 Dental Therapist  
 Dialysis Technician  
 Dietitian  
 Dietetic Technician  
 Drama Therapist  
 Drug and Alcohol Counselor  
 Electroencephalographic Technician (EEG Technician)  
 Electrocardiograph Technician (EKG Technician)  
 Electrophysiology Technologist  
 Enterostomal Therapist  
 Health Coach  
 Hemodialysis Technician  
 Histologic Technician  
 Interpreter for the Deaf  
 Laboratory Aide

**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**  
**COUNTRYWIDE RATES/RULES MANUAL**

**Part 3 – Individual Student Program**

Laboratory Assistant  
Lactation Consultant  
Marriage and Family Counselors  
Marriage & Family Therapist  
Massage Therapist  
Medical Assistant  
Medical Laboratory Technician  
Medical Records and Procedural Coders  
Medical Technologist  
M.R.I. Technician  
Music Therapist  
Nuclear Medical Technologist  
Nutritionist  
Occupational Therapist  
Occupational Therapy Assistant  
Ophthalmic Photographer  
Ophthalmic Technologist  
Optician  
Optometric Technician  
Optometrist  
Orthopedic Technician  
Orthotist  
Pastoral Counselor  
Personnel and/or Guidance Counselors  
Pharmacist  
Pharmacist Technician  
Phlebotomist  
Polysomnographic Technician  
Psychiatric Technician  
Psychologist  
Radiologic Technologist  
Recreational Therapist  
Rehabilitation Assistant  
Rehabilitation Counselor/Therapist  
Respiratory Therapist  
Respiratory Therapy Technician  
Social Worker  
Surgical Technologist  
Vascular Technician  
X-Ray Technician

**Class II contains the following student occupations:**

Geriatric Nursing Assistant  
LPN/LVN

**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**  
**COUNTRYWIDE RATES/RULES MANUAL**

**Part 3 – Individual Student Program**

Nurse  
Nurses Aide  
Nursing Assistant  
Physical Therapist  
Physical Therapist Assistant  
Psychiatric Nurse  
Registered Nurse

**Class III contains the following student occupations:**

Audiologist  
Audiologist Assistant  
Speech-Language Pathologist  
Speech-Language Pathologist Assistant

**Class IV contains the following student occupations:**

Physician Assistant  
Surgeon Assistant Students



# LIBERTY INSURANCE UNDERWRITERS, INC

## HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM COUNTRYWIDE RATES/RULES MANUAL

### Part 4 – Student Blanket Program

#### I. RATES:

CLASS I	200K / 200K	500K / 500K	1M / 1M	1M / 3M	1M / 6M	2M / 4M	2M / 6M
Annual Rates	10	11	12	13	14	15	17
Biennial Rates	20	22	24	26	28	30	34
Triennial Rates	30	33	36	39	42	45	51

CLASS II	200K / 200K	500K / 500K	1M / 1M	1M / 3M	1M / 6M	2M / 4M	2M / 6M
Annual Rates	39	45	52	55	60	66	71
Biennial Rates	80	87	102	106	116	124	137
Triennial Rates	108	126	146	154	168	179	199

Interpolation should be applied for limits not listed in the table above.

Multiply the applicable rate for each specialty by the number of students in that specialty. Add the preceding products.

#### II. FACTORS OR MULTIPLIERS:

Other than the exceptions listed below, the Part 1 – General Rules factors and multipliers are not applicable to the Student Blanket Program. Instead the following rules apply:

##### MODIFICATION SCHEDULE:

##### A. Faculty Management (-10% to +10%)

A low turnover rate and the consistent maintenance of high standards in faculty procurement characterize the institution's faculty.

Criteria: Percentage of faculty members with one year or less tenure with the institution.

<u>Percentage of Faculty</u>	<u>Modifier</u>
More than 25%	+10%
6% -24%	+5%
Less than 6%	-10%

##### B. Faculty Tenure (-10% to +0%)

The institution maintains an experienced and stable faculty through ongoing programs and employee practices.

Criteria: Average tenure of the faculty.

<u>Percentage of Faculty</u>	<u>Modifier</u>
More than 20 years	-10%
16 — 20 years	-5%
Less than 16 years	0%

**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**  
**COUNTRYWIDE RATES/RULES MANUAL**

**Part 4 – Student Blanket Program**

C. Continuing Education (-10% to +10%)

The institution's professional faculty maintains a high level of expertise in its chosen profession through continuing professional education.

Criteria: Percentage of the institution's faculty engaged in continuing professional education.

<u>Percentage of Faculty</u>	<u>Modifier</u>
More than 85%	-10%
71% -85%	-5%
25%-70%	0%
Less than 25%	+10%

D. Risk Management Education (+5% to -10%)

The institution's curriculum develops knowledge of professional liability exposures and loss management techniques in a professional practice.

Criteria: The length of time that the institution has had as a requirement of its professional curriculum the participation in a risk management and/or legal issues course.

<u>Number of Years</u>	<u>Modifier</u>
More than three years	-10%
1 — 3 years	-5%
Less than one year or non-existent	+5%

E. Mix of Student Population (0% to +40%)

To the extent that student specialties are in high risk areas such as Circulation Technician, Emergency Medical Technician, Nurse Practitioner or similar classes as outlined in the application, or curriculum contains correspondingly high levels of on the job training, a debit may be applied up to 40% to account for such exposures. .

F. Claims Experience (-10% to +10%)

Criteria: Loss experience as defined below.

<u>Experience</u>	<u>Modifier</u>
No losses in 36 or more months	-10%
No losses within the prior 12-35 month period	-5%
One or more losses of \$5,000 or less within the past 12 months	+5%
One or more losses in excess of \$5,000 in the past 12 months	+10%
All other, including claim history unavailable	0%

For the purposes of this modification a loss is considered to be any situation that an insurance company has made payment or maintains a reserve upon.

G. Modification Schedule

Refer to Part 1 – General Rules, Section IX (Factors or Multipliers), Paragraph F. (Modification Schedule) for rating criteria and factors. All state exceptions also apply to this section.

**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**  
**COUNTRYWIDE RATES/RULES MANUAL**

**Part 4 – Student Blanket Program**

**III. ADDITIONAL INSTITUTION:**

The addition of the educational institution, as an insured, carries no additional premium charge.

The addition of an acceptable facility as an additional insured carries an additional premium charge of 25% of the total (adjusted) policy premium.

**IV. POLICY AUDIT:**

All policies are auditable at expiration. Multi-year policies, when estimated premiums are not paid at the policy's inception, are also auditable annually.

# LIBERTY INSURANCE UNDERWRITERS, INC

## HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM COUNTRYWIDE RATES/RULES MANUAL

### Part 4 – Student Blanket Program

#### V. CLASSIFICATIONS:

<p><b><u>Allied Health – Student/Graduate Class I:</u></b></p> <p><b>CARDIOLOGY:</b> Cardiac EP (Electrophysiology) Cardiology Technician Cardiopulmonary Technician Cardiovascular Technician Echocardiography EEG Technician EKG Technician Electrophysiology Technologist Electrocardiograph Aide PM/ICD (Pace Maker-Implantable Cardioverter Defibrillator)</p> <p><b>DIETICIAN/NUTRITIONIST:</b> Dietitian Dietetic Technician Nutritionist Dietary Managers Food &amp; Nutrition Wellness Science</p> <p><b>HEALTH EDUCATION:</b> Health Educators Foundations of Health Science Health Academy Health/Healthcare Assistant Health Career Care Health Coordinator Health Career Access Health Education Health Occupation Health Promotion Health Science Education Medical Therapist</p> <p><b>HIGH SCHOOL</b> Allied Health High School Students</p> <p><b>HEALTH INFORMATION MANAGEMENT:</b> Allied Health Management Bookkeeping/Office Management Long Term Health Care Administration Medical Assistant Medical Admin. Assistant Medical Admin. Specialists Medical Records and Procedural Coders Health Information Health Information Management</p>	<p><b>HEALTH INFORMATION MANAGEMENT CONTINUED:</b> Health Information/Health Technology Medical Billing and Medical Coding Medical Office/Receptionist Medical Transcript</p> <p><b>MENTAL HEALTH /BEHAVIORAL HEALTH:</b> Child Development and/or Family Services Counselor Drug and Alcohol Counselor Marriage and Family Counselors Pastoral Counselors Personnel and/or Guidance Counselors Psychologist Social Worker Behavioral Health</p> <p><b>NURSES:</b> Clinical Research Geriatric Nursing Assistant Graduate Nurse Home Health Aides IV Therapist Lactation Consultants LPN/LVN MSN- Master of Science in Nursing Nurse Nurse Aide Nurse Assistant Psychiatric Nurse Registered Nurse BSN: Bachelor Degree Nursing Clinical Research Forensic Science Gerontology Practical Nursing School Nurse State Tested Nursing Assistant</p>
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# LIBERTY INSURANCE UNDERWRITERS, INC

## HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM COUNTRYWIDE RATES/RULES MANUAL

### Part 4 – Student Blanket Program

<p><b>OPTOMETRY:</b> Optometric Technician Optometrist Ophthalmic Photographer Ophthalmic Assistant /Technician Ophthalmic Technologist Optician</p> <p><b>PHARMACY:</b> Certified Medication Aide Certified Medication Tech Pharmacist Pharmacist Technician</p> <p><b>RADIOLOGIC:</b> Computed Tomography Imaging Diagnostic Medical Sonographer MRI Technician Radiologic Technologist Radiologic Technician Ultrasound Technologist X-Ray Technician Mammography</p> <p><b>TECHNICIAN/TECHNOLOGISTS/ASSISTANTS:</b> Allied Health Assistant /Direct Allied Health Science Interns Bio-Medical Technician Blood Bank Technologist Central Sterile Processing Certified Laboratory Assistant Certified Laboratory Technologist Certified Medication Aide/Technician Child Care Assistant Cytogenetic Technologist Dental Laboratory Technician Dialysis Technician Health/Healthcare Assistant Hemodialysis Technician Histologic Technician Laboratory Aide Laboratory Assistant Medical Laboratory Technician Medical Technologist Medical Technical Assistant Nuclear medical Technologist Orthopedic Assistant Orthopedic Technician Phlebotomist Polysomnographic Technician Rehabilitation Assistant</p>	<p><b>TECHNICIAN/TECHNOLOGISTS/ASSISTANTS CONTINUED:</b> Rehabilitation Counselor Rehabilitation Therapist Speech Language Pathologist Speech Language Pathologist Assistant Surgical Technologist Vascular Technician Patient Care Assisting Patient Care Technician Sterile Processing Technicians</p> <p><b>THERAPISTS:</b> Art Therapist Athletic Trainer Audiologists Community Health Intern Dance Therapist Dental Assistant Dental Hygienist Drama Therapists Enterostomal Therapist Exercise Science Exercise Science Personal Trainer Foundations of Health Science Health/Healthcare Science Internship/Students Interpreter for the Deaf *** Massage Therapist Movement Science Music Therapist Occupational Therapist Occupational Therapist Assistant Orthotist Physical Therapist Physical Therapist Assistant Personal /Fitness Trainer Pre-Physical Therapy Prosthetics &amp; Orthotics Recreational Therapist Respiratory Therapist Respiratory Technician Radiation Therapy Therapeutic Services</p>
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# LIBERTY INSURANCE UNDERWRITERS, INC

## HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM COUNTRYWIDE RATES/RULES MANUAL

### Part 4 – Student Blanket Program

<p><b><u>Allied Health</u></b> <b><u>Student/Graduate Class II:</u></b></p> <p>Circulation Technician Doctor of Nurse Practice Students Emergency Medical Responder Emergency Medical Technician Fire Fighter-First responders Invasive CVT (Cardiovascular Tech) Nurse Practitioner Paramedic Physician Assistant Surgeon Assistant</p> <p><b><u>Non-Medical Student/Graduate Class I:</u></b></p> <p><b>ACCOUNTING:</b> Accounting Operations</p> <p><b>COMMUNICATION</b> Journalism Public Relations Advertising Broadcasting</p> <p><b>COSMETOLOGY:</b> Barber Esthetics (non-medical) Manicurist</p> <p><b>CULINARY ARTS:</b> Chef/Sous Chef Culinary Arts Hotel Management Restaurant Management</p> <p><b>EDUCATION:</b> Early Education/Early Intervention Educational Diagnostician Human Services Student Aide Student Teacher Interns</p> <p><b>FUNERAL:</b> Funeral Services Mortuary Science</p>	<p><b>LEGAL:</b> Criminal Justice Legal Assisting Paralegal</p> <p><b>MAINTENANCE:</b> Carpentry Paint and Refinishing Plumbing Welding</p> <p><b>SPORTS MANAGEMENT:</b> Sports Management</p> <p><b>PARKS / RECREATION:</b> Environmental Horticulture Observation (EHO) Outdoor Education Recreation &amp; Park Management Wildlife Conservationist</p> <p><b>TECHNICIAN:</b> Air Conditioning/Refrigeration Automotive Diesel Equipment Maintenance/HVAC (Residential) Power Sports Equipment</p> <p><b>VETERINARY:</b> Veterinary Assistant Veterinary Technology Veterinary Technician</p> <p><b><u>Non-Medical</u></b> <b><u>Student/Graduate Class II:</u></b></p> <p>Heating Ventilation (Commercial) Heavy Machinery Technician (Third party internship program)</p>
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# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## ILLINOIS STATE EXCEPTION PAGES

### Part 1 – General Rules

The following is added to Part VII. Coverages:

If Professional Liability and General Liability are purchased together, charge an additional 15%, applicable to the GL premium portion only, to account for separate aggregate limits.

Section I. Modification Schedule of Part IX. Factors or Multipliers is deleted and replaced by the following:

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

<b>Experience Factor:</b>	+25% to -25%
Non-Renewed within Past 10 Years	up to -25%
Licensing Board Action	up to +15%
Claims free within the last five years	up to -10%
More than \$30,000 in claims in the last five years	up to +25%

<b>Quality Management:</b>	+25% to -25%
Loss Control:	
The Business or firm maintains or fails to maintain an approved loss prevention program, seminar or workshop for its employees	
Ethical or Moral Standing	
Number of years in business	
Multiple Medical Professions	

<b>Location:</b>	+25% to -25%
Nursing Home	
Hospital	
Free Standing Clinic	
Home Health Care	
Multiple Locations	



# **LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

## **ILLINOIS STATE EXCEPTION PAGES**

### **Part 1 – General Rules**

#### **Area of Practice:**

+25% to -25%

Direct Patient Care  
Cosmetic Procedures  
Supervision of Others  
Correctional Facilities

State Modification Limits. The maximum available Schedule Rating credit/debits is 25%.

The following is added to **Part 1 – General Rules**:

#### **XI. QUARTERLY INSTALLMENT PAYMENT OPTION**

Quarterly payment options are available for policies with premium greater than or equal to \$500 as described below.

- a) An initial payment of 40% of the estimated total premium is due at policy inception;
- b) The remaining premium will be spread equally among the second, third, and fourth installments, and due 3, 6, and 9 months from policy inception, respectively;
- c) No interest or installment charges will apply;
- d) Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy will be billed immediately as a separate transaction.



<b>State:</b>	Illinois	<b>Filing Company:</b>	Liberty Insurance Underwriters Inc.
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	Allied Health Program		
<b>Project Name/Number:</b>	LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Explanatory Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Filing Memo - AH - Rates - IL.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Form RF3 - (Summary Sheet)
<b>Comments:</b>	
<b>Attachment(s):</b>	ILRF3 122607.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	ILLINOIS CERTIFICATION FORM.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Request to Maintain Data as Trade Secret Information
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Manual
<b>Comments:</b>	Acknowledged
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Supporting Documentation
<b>Comments:</b>	·ROE ·Exhibit A ·Mark ups

<b>SERFF Tracking #:</b>	PERR-129440599	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	LIU-RPG-AH-IL-1401R
<hr/>					
<b>State:</b>	Illinois	<b>Filing Company:</b>	Liberty Insurance Underwriters Inc.		
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other				
<b>Product Name:</b>	Allied Health Program				
<b>Project Name/Number:</b>	LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R				
<hr/>					
<b>Attachment(s):</b>	LIUI ROE 2012 CW - Med Mal.pdf Exhibit A Filing Support.pdf Liberty Allied Health CW Manual (markup).pdf Part 1 - Med Mal General Rules - IL SEP 2013-09 (markup).pdf				
<b>Item Status:</b>					
<b>Status Date:</b>					
<hr/>					
<b>Satisfied - Item:</b>	Letter of Authority				
<b>Comments:</b>					
<b>Attachment(s):</b>	LIUI Authorization Letter 2013.pdf				
<b>Item Status:</b>					
<b>Status Date:</b>					

**Liberty Insurance Underwriters, Inc.**  
Allied Health – Medical Malpractice – Risk Purchasing Groups

Filing Memorandum – Rates/Rules  
Illinois

On behalf of Liberty Insurance Underwriters, Inc. (“Liberty” or “the Company”), we are filing a revision to our Allied Health – Medical Malpractice program. This program provides medical malpractice coverage on occurrence and claims-made bases for Risk Purchasing Groups (“RPG”) associated with various miscellaneous allied health professionals. The program is utilized to provide coverage for the RPGs listed below. We also included the state of domicile for each RPG:

- American Health Care Professions Purchasing Group Association (“AHCPGA”) – Illinois
- ANA/SNA Purchasing Group Association (“ANAPGA”) – Illinois
- Health Care Professions Purchasing Group Association (“HCPPGA”) – Illinois
- American Society of Health System Pharmacists Purchasing Group Association (“ASHPGA”) – Iowa

With this filing we are proposing modifications to the previously approved manual pages for the program. The proposed modifications are described below and are also shown in the attached marked-up manual pages. These modifications are mostly associated with the introduction of new rates/rules for supplementary coverages and also editorial changes. The rate impact, associated with the proposed revisions is immaterial.

**Rates/Rules:**

The following modifications were made to the Manual Pages:

**General Rules:**

1. Rule VIII.C.d. was amended to include Independent Contractor Premium Rule for coverages, other than Physical Therapist and Mental Health Specialists.
2. Rule VIII. C. was amended to include an interpolation rule for limit options not specifically included in the rating rules.
3. Rule VIII.D. Firm Rates and Policy Minimum was added to the manual.
4. Rule IX.A. Additional Limits was revised.
5. Rule IX.B. Deductible factors were added.
6. Rule IX.C. Added Dietetic Technician to first group of classes.
7. Rule IX.C. We corrected a typo in the Optometrist Newly Graduated Professional Rule. The rule was stating that the rate for such Optometrists shall be 25% of the rate shown on the rate page. However our intention was to state that the newly graduated discount is 25%. We now corrected the rule to state that the rate for such Optometrists shall be 75% of the rate shown on the rate page.
8. Rule IX.D. Risk Management Credit was amended to include a 10% credit for Audiologist/Speech Language Pathologist and All other Classes for Participation or attendance at a company approved educational forum. The rule was also revised to remove the Pharmacists’ credit for Protocols regarding Risk Management for ASHP, since the rates in the rating manual already reflect a 10% discount for Pharmacists who are part of the ASHP Association and hence this rule was redundant.
9. Claims Experience Rule was deleted.
10. Rule IX.E. A clarification was added that the rule applies to Firms as well as Groups.
11. Rule IX.F. Exposure Debits for Firms/Groups was added to introduce new debits for several exposure categories.
12. Rule IX.G. Full Time Equivalents (FTE) was added for the determination of the full time equivalent exposures.

**Liberty Insurance Underwriters, Inc.**

Allied Health – Medical Malpractice – Risk Purchasing Groups

Filing Memorandum – Rates/Rules

Page 2

13. Rule IX.H. Optional Coverages was added to introduce several new coverage options, including Non-Direct Patient Care Services; Medical Director or Administrator Liability (available for Firms/Groups only) and Damage to Property of Others.
14. Rule IX.F. Modification Schedule was amended to exclude Risk Management Education.
15. Rule IX.G. Specialty Exposure Surcharges was added to the manual.
16. Rule IX.H. Educational Services Charge was added to the manual.
17. Rule IX.I. Life Care Planners Surcharges were added to the manual.

**IL Exception Pages to the General Rules:**

1. Revised to correspond to the proposed CW changes to the General Rules, specifically item 7 above.

**Allied Health Professionals (Part 2.A):**

1. The Art, Dance, Drama and Music Therapist class was amended to include Recreational Therapist, as well as the following classes: Feldenkrais Therapy Practitioner, Alexander Therapy Practitioner, Trager Therapy Practitioner, Bodywork Therapy Practitioner, Polarity Therapy Practitioner, Somatic Therapy Practitioner.
2. The Medical Records & Procedural Coders occupation was amended to include Professional Coders.
3. The following new Additional Insureds Options were introduced: Additional Insured Professional Liability Only; Additional Insured Professional Liability and General Liability and Additional Insured - General Liability only.
4. Removed restriction of \$2M/\$6M limits option to Virginia only; thus these limits will be available in all states.
5. Added clarification on when rates for additional insureds and general liability on these pages apply.

**Audiology/Speech Pathology (Part 2.B):**

1. The reference to Speech-Language Pathologist Assistant was modified to include 'Aide' and 'Audiologist Assistant/Aide'.
2. The following new Additional Insureds Options were introduced: Additional Insured Professional Liability Only; Additional Insured Professional Liability and General Liability and Additional Insured - General Liability only.
3. General Liability Rate for \$1M/\$3M was corrected to be lower than the rate for \$1M/\$5M. Previously both rates were equal, which was inconsistent with the difference in coverage.
4. Added rates for \$2M/\$6M limits option.

**Dental Hygienists (Part 2.C):**

1. Dental Therapist was added to the occupation description.
2. General Liability rate for \$1M/\$1M was corrected to be lower than the rate for \$1M/\$3M. Previously both rates were equal, which was inconsistent with the difference in coverage.
3. Removed restriction of \$2M/\$6M limits option to Virginia only; thus these limits will be available in all states.

**Liberty Insurance Underwriters, Inc.**

Allied Health – Medical Malpractice – Risk Purchasing Groups

Filing Memorandum – Rates/Rules

Page 3

4. The following new Additional Insureds Options were introduced: Additional Insured Professional Liability Only; Additional Insured Professional Liability and General Liability and Additional Insured - General Liability only.

**Dietitian Program (Part 2.D):**

1. Nutritional Counselor, Nutritional Consultant, Clinical Nutritionist, Dietetic Technician and Health Coach were added to the occupation description.
2. Removed reference to 'ADA' and replaced with 'Academy'.
3. Corrected spelling of dietitian.
4. Removed restriction of \$2M/\$6M limits option to Virginia only; thus these limits will be available in all states.
5. The following new Additional Insureds Options were introduced: Additional Insured Professional Liability Only; Additional Insured Professional Liability and General Liability and Additional Insured - General Liability only.

**Mental Health Program (Part 2.E):**

1. Introducing rates for Per Employee of Self-Employed Individual or Group for Part Time Counselors, Drug and Alcohol Counselors, and Social Workers.
2. Introducing rates for Marriage and Family Therapist Behavioral Therapist.
3. Added rates for \$2M/\$6M limits option.
4. A part time factor of 0.65 is introduced.
5. Removing rating for Independent Contractors.
6. The following new Additional Insureds Options were introduced: Additional Insured Professional Liability Only; Additional Insured Professional Liability and General Liability and Additional Insured - General Liability only.
7. Added a rule that explains how to rate Additional Insured Professional Liability purchased with Additional Insured General Liability.

**Medical Technologist Program (Part 2.F.)**

1. The following new specialties were listed as part of the Medical Technologist occupation: Electrophysiology, Ophthalmic, Surgical & Radiologic.
2. Added new section Medical Technicians and includes the following professions: Cardiopulmonary, Cardiovascular, Clinical Radiography, Cytogenetic Technologist, Dialysis, EKG, EEG, Laboratory, MRI, Nuclear Medical, Vascular, X-Ray, Polysomnographic, and Ultrasound.
3. Added new section to include the following professions: Certified Ophthalmic Photographer, Lactation Consultant, Medical Assistant, Medical Records Administrator, Phlebotomist, Sonographer, & Surgical Assistant.
4. Added rates for \$2M/\$6M limits option.
5. The following new Additional Insureds Options were introduced: Additional Insured Professional Liability Only; Additional Insured Professional Liability and General Liability and Additional Insured - General Liability only.

**Nurses Program (Part 2.G):**

1. Adding Doula, Childbirth Educator (eg. Lamaze) as part of the Nurse Program.
2. Adding Advance Practice Nurse classes of OB/GYN and OB/GYN Acute Critical Care.
3. Updated Psychiatric to include Mental Health.

**Liberty Insurance Underwriters, Inc.**

Allied Health – Medical Malpractice – Risk Purchasing Groups

Filing Memorandum – Rates/Rules

Page 4

4. Updated Pediatric/Family to include: Community Health, Maternal & Child, Medical-Surgical, Neonatology, and School.
5. Removed restriction of \$2M/\$6M limits option to Virginia only; thus these limits will be available in all states.

**Occupational Therapist (Part 2.H):**

1. Occupational Therapy Assistant is added to the occupation description.
2. Removed restriction of \$2M/\$6M limits option to Virginia only; thus these limits will be available in all states.
3. The following new Additional Insureds Options were introduced: Additional Insured Professional Liability Only; Additional Insured Professional Liability and General Liability and Additional Insured - General Liability only.

**Optometrists (Part 2.I):**

1. Added rates for \$2M/\$6M limits option.
2. The following new Additional Insureds Options were introduced: Additional Insured Professional Liability Only; Additional Insured Professional Liability and General Liability and Additional Insured - General Liability only.

**Pharmacist Program (Part 2.J):**

1. Introducing rates for Consultant Pharmacist and Self-Employed Pharmacist Technician – Full Time and Part Time.
2. Added rates for \$2M/\$6M limits option.
3. The following new Additional Insureds Options were introduced: Additional Insured Professional Liability Only; Additional Insured Professional Liability and General Liability and Additional Insured - General Liability only.

**Physical Therapists (Part 2.K):**

1. Removed Independent Contractor section.
2. Added rates for \$2M/\$6M limits option.

**Physician Assistant Program (Part 2.L):**

1. Added rates for \$2M/\$6M limits option.
2. The following new Additional Insureds Options were introduced: Additional Insured Professional Liability Only; Additional Insured Professional Liability and General Liability and Additional Insured - General Liability only.

**Rehabilitation and Respiratory Professionals (Part 2.M):**

1. Removed restriction of \$2M/\$6M limits option to Virginia only; thus these limits will be available in all states.
2. The following new Additional Insureds Options were introduced: Additional Insured Professional Liability Only; Additional Insured Professional Liability and General Liability and Additional Insured - General Liability only.

**Strength and Condition Program (Part 2.N):**

1. Added \$2M/\$6M limits option.

**Individual Student Program (Part 3):**

**Liberty Insurance Underwriters, Inc.**

Allied Health – Medical Malpractice – Risk Purchasing Groups

Filing Memorandum – Rates/Rules

Page 5

1. Removed restriction of \$2M/\$6M limits option to Virginia only; thus these limits will be available in all states.
2. Added Behavioral Therapist, Dental Therapist, Health Coach, & Marriage & Family Therapist to Class I.
3. Added Audiologist Assistant to Class III.

**Student Blanket Program (Part 4):**

1. Changed wording from 'biannual' and 'triannual' to 'biennial' and 'triennial'.
2. Rounding of the rates was corrected, so now Biennial rates = 2 x Annual Rates and Triennial Rates = 3 x Annual Rates for Class I.
3. New limit options were added for \$1M / \$6M and \$2M / \$6M, along with an interpolation rule for limit options not specified in the rate tables.
4. Removed restriction of \$2M/\$6M limits option to Virginia only; thus these limits will be available in all states.
5. Revision of the modification factors (credits/debits), as shown on the mark-up copy of the proposed page.
6. Revisions to the classification tables. More categories are now included under classes I and II. The classification tables now include non-medical classes. Also, added the following professions: Bookkeeping/Office Management, Chef/Sous Chef, Hotel Management, Restaurant Management, Early Education/Early Intervention, Wildlife Conservationist, and Plumbing.

Exhibits R1 through R5 display the derivation of the projected loss and loss adjustment expense ratio and underwriting profit provision for this program.

Exhibit A details the actuarial support for the proposed changes described above.

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective \_\_\_\_\_.

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private Passenger	_____	_____
	Commercial	_____	_____
2.	Automobile Physical Damag Private Passenger	_____	_____
	Commercial	_____	_____
3.	Liability Other Than Auto	_____	_____
4.	Burglary and Theft	_____	_____
5.	Glass	_____	_____
6.	Fidelity	_____	_____
7.	Surety	_____	_____
8.	Boiler and Machinery	_____	_____
9.	Fire	_____	_____
10.	Extended Coverage	_____	_____
11.	Inland Marine	_____	_____
12.	Homeowners	_____	_____
13.	Commercial Multi-Peril	_____	_____
14.	Crop Hail	_____	_____
15.	Other	_____	_____
	Life of Insurance	_____	_____

\* Does filing only apply to certain territory (territories) or certain Classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): \_\_\_\_\_

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Official – Title



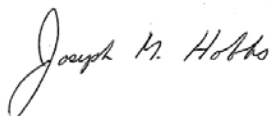
# ILLINOIS CERTIFICATION FORM

## MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Joseph Hobbs, a duly authorized officer of Liberty Insurance Underwriters, Inc., am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Kyle M. Hales, ACAS, MAAA, a duly authorized actuary of Perr&Knight, Inc. am authorized to certify on behalf of Liberty Insurance Underwriters, Inc. making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience and that I am knowledgeable of the laws regulations and bulletins applicable to the policy rates that are the subject of this filing.



Signature and Title of Authorized Insurance Company Officer

March 4, 2014

Date



Principal & Consulting Actuary

Signature, Title and Designation of Authorized Actuary

March 4, 2014

Date

Insurance Company FEIN 13-4916020

Filing Number PERR-129440599

Insurer's Address 55 Water Street; 18<sup>th</sup> Floor

City New York

State NY

Zip Code 10041

Contact Person's:

- Name and E-mail Olga E. Garcia (ogarcia@perrknight.com)

- Direct Telephone and Fax Number 310-889-0965 (fax) 310-230-1061

Exhibit R1  
Liberty Insurance Underwriters  
Allied Health Professionals

Projected After-Tax Rate of Return

Operating Return

(1)	Earned Premium	100.0%
(2)	Expected Loss & Loss Adjustment Expenses (Exhibit R5)	63.3%
(3)	Commission & Brokerage Fees (Exhibit R5)	28.0%
(4)	General & Other Acquisition Expenses (Exhibit R5)	9.7%
(5)	Taxes, Licenses & Fees (Exhibit R5)	2.5%
(6)	Underwriting Profit Before Federal Income Tax = (1) - (2) - (3) - (4) - (5)	-3.5%
(7)	Federal Income Tax on Underwriting Profit = (6) x 35%	-1.2%
(8)	Underwriting Profit After Federal Income Tax = (6) - (7)	-2.3%
(9)	After-Tax Inv. Income on Policyholder Supplied Funds (Exhibit R2.1)	8.5%
(10)	After-Tax Return from Insurance Operations = (8) + (9)	6.3%

Total Rate of Return

(11)	Premium to Surplus Ratio (Exhibit R3)	1.25
(12)	After-Tax Investment Income on Surplus (Exhibit R2.3)	2.2%
(13)	Total After-Tax Rate of Return on Statutory Surplus = (10) x (11) + (12)	10.0%

Exhibit R2.1  
Liberty Insurance Underwriters  
Allied Health Professionals

Estimated Investment Earnings on Policyholder Supplied Funds  
(\$000)

(A)	Earned Premium		46,214
(B)	Unearned Premium Reserve		
	(1) Average Unearned Premium Reserve		23,886
	(2) Percentage Pre-Paid Expense		35.4%
	(a) Commission & Brokerage Fees (Exhibit R5)	28.0%	
	(b) 50% of General & Other Acq. Expenses (Exhibit R5)	4.9%	
	(c) Taxes, Licenses & Fees (Exhibit R5)	2.5%	
	(3) Deduction for Federal Income Taxes Payable		7.0%
	(4) Total Prepaid Expense = (B).(1) x [(B).(2) + (B).(3)]		10,116
	(5) Portion Subject to Investment Income = (B).(1) - (B).(4)		13,770
(C)	Delayed Remission of Premiums		
	(1) Average Agents' Balance as % of Premium		3.3%
	(2) Total Delayed Remission = (A) x (C).(1)		1,517
(D)	Loss & LAE Reserve		
	(1) Expected Loss & LAE Ratio (Exhibit R5)		63.3%
	(2) Expected Losses & LAE = (A) x (D).(1)		29,253
	(3) Reserve to Incurred Ratio		570.7%
	(4) Expected Loss & LAE Reserves = (D).(2) x (D).(3)		166,950
(E)	Policyholder Funds Subject to Investment Income = (B).(5) - (C).(2) + (D).(4)		179,202
(F)	2012 After Tax Rate of Return		2.2%
(G)	Investment Earnings on Policyholder Supplied Funds = (E) x (F)		3,950
(H)	After-Tax Investment Income on Policyholder Supplied Funds = (G) / (A)		8.5%

Exhibit R2.2  
Liberty Insurance Underwriters  
Allied Health Professionals

Source Notes for Exhibit R2.1  
(\$000)

<u>Line</u>		
(A)	Calendar Year 2012 Earned Premium 2012 Company IEE, Part III, Column 3, Line(s) 11	46,214
(B).(1)	Selected Average Unearned Premium Reserve = (3)	23,886
(1)	Calendar Year 2012 Unearned Premium Reserve 2012 Company IEE, Part III, Column 19, Line(s) 11	23,303
(2)	Calendar Year 2011 Unearned Premium Reserve 2011 Company IEE, Part III, Column 19, Line(s) 11	24,468
(3)	Indicated Average Unearned Premium Reserve = [(1) x (2)] / 2	23,886
(B).(3)	The Tax Reform Act of 1986 taxes 20% of the unearned premium reserve. At a corporate rate of 35%, this tax equals 7% (=20% x 35%).	
(C).(1)	Selected Agents' Balances = (3)	3.3%
(1)	Calendar Year 2012 Agents' Balances 2012 Company IEE, Part III, Column 22, Line(s) 11	0.0%
(2)	Calendar Year 2011 Agents' Balances 2011 Company IEE, Part III, Column 22, Line(s) 11	6.6%
(3)	Indicated Agents' Balances = [(1) + (2)] / 2	3.3%
(D).(3)	Selected Reserve to Incurred Ratio	570.7%
(1)	Calendar Year 2012 Unpaid Loss & LAE 2012 Company IEE, Part III, Columns 13, 15, 17, Line(s) 11	49,670
(2)	Calendar Year 2011 Unpaid Loss & LAE 2011 Company IEE, Part III, Columns 13, 15, 17, Line(s) 11	54,586
(3)	Average Unpaid Loss & LAE = [(1) + (2)] / 2	52,128
(4)	Calendar Year 2012 Incurred Loss & LAE 2012 Company IEE, Part III, Columns 7, 9, 11, Line(s) 11	(1,724)
(5)	Indicated Reserve to Incurred Ratio = (3) / (4)	-3023.7%
(6)	Industry Selected Reserve to Incurred Ratio	570.7%

Exhibit R2.3  
Liberty Insurance Underwriters  
Allied Health Professionals

Source Notes for Exhibit R2.1 (Continued)  
(\$000)

Line (F)

	(1)	(2)	(3) = 100% - (2)	(4) = (1) x (3)
	2012 Inv. Income Earned	Tax Rate	After-Tax Portion	2012 After-Tax Inv. Income
Investment Category				
Taxable Bonds	5,685	35.00%	65.00%	3,695
Non-Taxable Bonds	186	5.25%	94.75%	176
Preferred Stocks	0	35.00%	65.00%	0
Common Stocks	0	35.00%	65.00%	0
Common Stocks in Affiliates	0	14.18%	85.83%	0
Cash	27	35.00%	65.00%	18
All Other Investments	27	35.00%	65.00%	17
(5) Total	5,925			3,906
2012 Company Annual Statement, Page 12 - Exhibit of Net Investment Income, Lines 1 to 10, Column 2				
(6) Total Investment Expense	361	35.00%	65.00%	235
2012 Company Annual Statement, Page 12 - Exhibit of Net Investment Income, Line 16				
(7) Net Inv. Income Earned = (5) - (6)	5,563			3,671
(8) Invested Assets as of 12/31/2012				161,099
2012 Company Annual Statement, Page 2, Line 12, Column 3				
(9) Invested Assets as of 12/31/2011				179,817
2012 Company Annual Statement, Page 2, Line 12, Column 4				
(10) Average Invested Assets = [(8) + (9)] / 2				170,458
(11) After-Tax Rate of Return on Invested Assets = (7) / (10)				2.2%

	(12)	(13)	(14) = [(12) + (13)] / 2	(15)
Calendar Year	Beginning Invested Assets	Ending Invested Assets	Average Invested Assets	Net Realized Capital Gains
2010	157,866	155,050	156,458	95
2011	187,823	179,817	183,820	38
2012	179,817	161,099	170,458	261
Total	525,506	495,966	510,736	394

(16) Net Realized Capital Gains Ratio = (15) / (14)	0.1%
(17) Tax Rate on Capital Gains	35.0%
(18) After-Tax Realized Capital Gains = (16) x [100% - (17)]	0.1%
(19) Indicated After-Tax Total Rate of Return = (11) + (18)	2.2%
(20) Selected After-Tax Total Rate of Return	2.2%

**Notes:**

(12) from 2012, 2011, 2010 Company Annual Statements, Page 2, Line 12 (10 in 2011 and 2010) , Column 4

(13) from 2012, 2011, 2010 Company Annual Statements, Page 2, Line 12 (10 in 2011 and 2010) , Column 3

(15) from 2012, 2011, 2010 Company Annual Statements, Page 12 - Exhibit of Capital Gains (Losses), Line 10, Column 3

Exhibit R3  
Liberty Insurance Underwriters  
Allied Health Professionals

Premium to Surplus Ratio  
(\$000)

(1)	Calendar Year 2012 Beginning Surplus As Regards Policyholders 2012 Company Annual Statement, Page 3, Line 37, Column 2	112,060
(2)	Calendar Year 2012 Ending Surplus As Regards Policyholders 2012 Company Annual Statement, Page 3, Line 37, Column 1	116,969
(3)	Calendar Year 2012 Average Surplus Level = [(1) + (2)] / 2	114,514
(4)	Calendar Year 2012 Net Written Premiums 2012 Company IEE, Part II, Line 35, Column 1	13,057
(5)	2012 Net Premium to Surplus Ratio = (4) / (3)	0.11
(6)	Calendar Year 2011 Beginning Surplus As Regards Policyholders 2011 Company Annual Statement, Page 3, Line 35, Column 2	108,695
(7)	Calendar Year 2011 Ending Surplus As Regards Policyholders 2011 Company Annual Statement, Page 3, Line 35, Column 1	112,060
(8)	Calendar Year 2011 Average Surplus Level = [(6) + (7)] / 2	110,378
(9)	Calendar Year 2011 Net Written Premiums 2011 Company IEE, Part II, Line 35, Column 1	11,446
(10)	2011 Net Premium to Surplus Ratio = (9) / (8)	0.10
(11)	Average Net Premium to Surplus Ratio = [(5) + (10)] / 2	0.11
(12)	Selected Premium to Surplus Ratio	1.25

Exhibit R4  
Liberty Insurance Underwriters  
Allied Health Professionals

Derivation of After-Tax Target Rate of Return of Statutory Surplus  
(\$000)

<u>After Tax Rate of Return on Net Worth</u>			
	(1)	(2)	(3)
	Property/ Casualty	All Industry	[(1) + (2)] / 2
Year	Insurance	Total	Average
2002	1.7%	10.2%	6.0%
2003	8.2%	12.6%	10.4%
2004	8.0%	13.9%	11.0%
2005	8.3%	14.9%	11.6%
2006	12.2%	15.4%	13.8%
2007	9.7%	15.2%	12.5%
2008	2.2%	13.1%	7.7%
2009	5.7%	10.5%	8.1%
2010	6.0%	12.7%	9.4%
2011	3.5%	14.3%	8.9%
2002 - 2011	6.6%	13.3%	9.9%
2003 - 2011	7.1%	13.6%	10.4%

(4)	Selected After-Tax Return on GAAP Equity	10.4%
(5)	Calendar Year 2012 Company Ending Surplus As Regards Policyholders 2012 Company Annual Statement, Page 3, Line 37, Column 1	116,969
(6)	Calendar Year 2012 Company Net Unearned Premium Reserve 2012 Company IEE, Part II, Line 35, Column 19	5,380
(7)	Calendar Year 2012 Company Net Commissions 2012 Company IEE, Part II, Line 35, Column 23	(227)
(8)	Calendar Year 2012 Company Net Other Acquisition Expenses 2012 Company IEE, Part II, Line 35, Column 27	1,769
(9)	Calendar Year 2012 Company Net Written Premium 2012 Company IEE, Part II, Line 35, Column 1	13,057
(10)	Company Acq. Expenses as a % of Net Earned Premium = [(7) + (8)] / (9)	11.8%
(11)	GAAP Equity in Unearned Premium Reserve = (6) x (10)	635
(12)	Calendar Year 2012 Company GAAP Equity = (5) + (11)	117,604
(13)	GAAP to Statutory Adjustment Factor = (12) / (5)	1.01
(14)	Target After-Tax Return on Statutory Surplus = (4) x (13)	10.4%

Notes:

(1), (2) from 2010 NAIC Profitability Analysis.

Exhibit R5  
Liberty Insurance Underwriters  
Allied Health Professionals

Projected Expense Ratios  
(\$000)

	2010		2011		2012		3 Year Total/Aver	Industry 3 yr avg	Selected
	\$	%	\$	%	\$	%	W Avg %	%	%
(1) Premiums Written	13,690		66,955		45,049				
(2) Premiums Earned	4,518		51,921		46,214				
(3) Commission	4,727	34.5%	22,955	34.3%	14,654	32.5%	33.7%	6.7%	28.0%
(4) Other Acquisition	-	0.0%	-	0.0%	-	0.0%	0.0%	3.3%	4.0%
(5) General Expenses	199	4.4%	(95)	-0.2%	49	0.1%	0.1%	7.9%	5.7%
(6) Taxes, Licenses, Fees	342	2.5%	1,567	2.3%	501	1.1%	1.9%	2.0%	2.5%
(7) Total Expenses = (3) + (4) + (5) + (6)		41.4%		36.4%		33.7%	35.7%	19.9%	40.2%
(8) Profit Load									-3.5%
(9) Total Expenses & Profit = (7) + (8)									36.7%
(10) Permissible Loss & LAE Ratio = 100% - (9)									63.3%

**Notes:**

- (1) from Company 2012, 2011, 2010 IEEs, Part III, Column 1, Line(s) 11.
- (2) from Company 2012, 2011, 2010 IEEs, Part III, Column 3, Line(s) 11.
- (3) from Company 2012, 2011, 2010 IEEs, Part III, Column 23, Line(s) 11.
- (4) from Company 2012, 2011, 2010 IEEs, Part III, Column 27, Line(s) 11.
- (5) from Company 2012, 2011, 2010 IEEs, Part III, Column 29, Line(s) 11.
- (6) from Company 2012, 2011, 2010 IEEs, Part III, Column 25, Line(s) 11.
- (3) and (6) shown as a percent of (1).
- (4) and (5) shown as a percent of (2).



**Liberty Insurance Underwriters, Inc**  
**Healthcare Providers Professional Liability**

Actuarial Support  
Rule IX.B - Deductible Factors

The proposed deductible factors were based on currently approved deductible factors for Chicago Insurance Company and ACE American Insurance Company as shown in the table below.

<b>Deductible Amount</b>	<b>Liberty Proposed</b>	<b>Chicago Ins Co</b>	<b>ACE American</b>
\$1,000	1.0%	1.0%	1.0%
\$2,500	2.5%	3.0%	2.5%
\$5,000	5.0%	6.0%	5.0%
\$10,000	10.0%	10.0%	10.0%
\$15,000	11.0%	13.0%	11.0%
\$20,000	13.0%	15.0%	13.0%
\$25,000	15.0%	17.0%	15.0%

**Liberty Insurance Underwriters, Inc**  
**Healthcare Providers Professional Liability**

Actuarial Support  
Rule IX.F - Exposure Debits for Firms/Groups

The proposed debits were based on currently approved debits for ACE American Insurance Company for all categories except Workers Compensation Exposure. Workers Compensation Exposure was based on Chicago Insurance Company as shown below.

Liberty Proposed

Category	Debit
Registry/Staffing	A surcharge of 25% of developed premium before debits/credits will be added to Firms/Groups that provide staffing to other facilities, firms or locations.
Background Check	A surcharge of 10% of developed premium before debits/credits will be added to Firms/Groups not performing background check on their employees and independent contractors.
Nursing Home/Assisted Living/LTC	A surcharge of 25% of developed premium before debits/credits will be added to Firms/Groups that do more than 50% staffing of Nursing Home Facilities or Assisted Living Facilities.
High Tech/Critical Care	A surcharge of 25% of developed premium before debits/credits will be added to Firms/Groups performing High Tech (i.e., Trach care, Ventilator care, Chemotherapy, etc.) or Critical Care.
Workers Compensation Exposure, <u>Physical Therapist</u> Firms/Groups only	A surcharge of 20% of developed premium before debits/credits will be added to Physical Therapy Firms/Groups when Workers' Compensation (WC) related patient treatment exposure exceeds 40% of the Firm/Group's total patient treatment.

ACE American

Category	Debit
Supplemental Staffing	A surcharge of 25% will apply to entities or individuals engaged in supplemental staffing.
Registry	A registry surcharge of 25% will apply to entities or individuals that do registry services.
Background Check	A surcharge of 10% will apply to entities or individuals not performing background checks on their employees and independent contractors.
Nursing Homes / Assisted Living Centers / Long Term Care Facilities / Prisons	A surcharge of 25% will apply to entities or individuals that do staffing of Nursing Home Facilities, Assisted Living Centers, Long Term Care Facilities, or Prisons.
High Tech / Critical Care	A surcharge of 25% will apply to entities or individuals engaged in high tech / critical care services, including Surgical, Pediatric, Infusion Therapy, and Tracheotomy/Ventilator Care.

Chicago Ins Co

Category	Debit
Workers Compensation Exposure	The Workers Compensation (WC) exposure is determined by the percentage of time spent by an insured professional treating patients who have WC related injuries. If the percentage of time spent treating patients exceeds 40%, a surcharge of 20% may be applied to the total premium.

**Liberty Insurance Underwriters, Inc**  
**Healthcare Providers Professional Liability**

Actuarial Support  
Rule IX.G - Full Time Equivalents (FTE)

The proposed rule was based on currently approved rules for Chicago Insurance Company Rule XVII.B and American Casualty Company of Reading PA Rule XX.F as shown below.

**Liberty Proposed**

For calculating headcount, when applicable, full time equivalents will be utilized for Firms/Groups. Full time is defined as 40 hours a week. The total number of hours per week for each employed, contracted or ratable independent contractor working in a filed allied healthcare professional occupation will be divided by 40 to determine the number of full time equivalents for that professional occupation. The full time equivalent rule is subject to the minimum policy premium.

**Chicago Ins Co**

For calculating headcount, when applicable, full time equivalents may be utilized for Firms. Full time is defined as 40 hours a week. The total number of hours per week for each profession will be divided by 40 to determine the number of full time equivalents for that profession. The full time equivalent rule is subject to the minimum policy premium.

**American Casualty Company of Reading - PA**

For calculating headcount, where applicable, full time equivalents may be utilized for corporations. Full time is define as 40 hours a week.

1. The total number of part-time hours per week for each profession will be divided by 40 to determine the number of full time equivalents for that profession.
2. The full time equivalent rule does not apply if the total premium result is less than \$100.
3. Whenever FTE rating or part time rates are used, full coverage applies.

**Liberty Insurance Underwriters, Inc**  
**Healthcare Providers Professional Liability**

Actuarial Support  
Rule IX.H - Optional Coverages

The proposed rates were based on currently approved rates for American Casualty Company of Reading PA as shown below.

	<b>Liberty Proposed</b>	<b>American Casualty Co</b>
<b>Non-Direct Patient Care Services</b>		
Individual Insured (per year)	\$25	\$25
Firms/Groups (per professional)	\$25	\$25

**Medical Director or Administrator Liability**

First Insured	\$500 or 10% of base premium	\$500 or 10% of base premium
Additional Insured	\$250 or 5% of base premium	n/a

**Damage to Property of Others**

\$25,000 Limit	\$25	\$50
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**Liberty Insurance Underwriters, Inc**  
**Healthcare Providers Professional Liability**

Actuarial Support  
Part 2 - \$2,000,000/\$6,000,000 Limits Option

The Company is proposing to offer limits of \$2,000,000/\$6,000,000 for all specialties in the program. Some specialties have approved rates at this new limit. The Company is proposing to use the same increased limits factors as current approved for other specialties, depending on the highest limit currently available. These factors are shown in the table below and have been used to determine all \$2,000,000/\$6,000,000 proposed rates.

<b>Manual Section</b>	<b>Specialty</b>	<b>Current Highest Limit if not \$2,000,000/\$6,000,000</b>	<b>Limit Factor for \$2,000,000/\$6,000,000</b>
2.A	Allied Health Professionals	\$2,000,000/\$4,000,000	1.10
2.B	Audiology/Speech Pathology - Sponsored	\$2,000,000/\$5,000,000	1.04
2.B	Audiology/Speech Pathology - Non-Sponsored	\$2,000,000/\$4,000,000	1.10
2.C	Dental Hygiene	\$2,000,000/\$4,000,000	1.10
2.D	Dietitian	\$2,000,000/\$5,000,000	1.04
2.E	Mental Health	\$2,000,000/\$4,000,000	1.10
2.F	Medical Technologist	\$2,000,000/\$4,000,000	1.10
2.G	Nurses	\$2,000,000/\$4,000,000	1.10
2.H	Occupational Therapy	\$2,000,000/\$4,000,000	1.10
2.I	Optometrist	\$2,000,000/\$4,000,000	1.10
2.J	Pharmacist	\$2,000,000/\$4,000,000	1.10
2.K	Physical Therapist	\$2,000,000/\$4,000,000	1.10
2.L	Physician Assistant	\$1,000,000/\$3,000,000	1.30
2.M	Rehabilitation/Respiratory	\$2,000,000/\$4,000,000	1.10
2.N	Strength & Condition	\$2,000,000/\$4,000,000	1.10



## **LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

### **COUNTRYWIDE RATES/RULES MANUAL**

#### **Part 1 – General Rules**

##### **I. APPLICATION OF MANUAL RULES**

- A. This manual provides rules, rates, premiums, and classifications and shall govern the writing of Professional Liability policies for Healthcare Provider specialties.
- B. The rules, rates, rating plans, and forms filed on behalf of the Company and not in conflict herewith shall govern in all cases not specifically provided for herein.
- C. Any exceptions to these manual rules are contained in the respective Section or State Rate Page.

##### **II. POLICY TERMS**

Policies may be written for a term of one year, and renewed annually thereafter, or as otherwise specified for the respective coverage.

##### **III. WHOLE DOLLAR RULE**

In the event the application of any rating procedure applicable in accordance with this manual where the result is not a whole dollar, each rate and premium shall be adjusted as follows:

- A. any amount involving \$.50 or over shall be rounded to the next highest whole dollar amount; or
- B. any amount involving \$.49 or less shall be rounded down to the next lowest whole dollar amount.

##### **IV. ADDITIONAL PREMIUM CHARGES**

- A. Prorate all changes requiring additional premium.
- B. Apply the rates and rules that were in effect at the inception date of this policy period. After computing the additional premium, charge the amount applicable from the effective date of the change, even if the policy inception premium was less than the policy writing minimum premium (if applicable).
- C. Waive additional premium of \$10.00 or less (not applicable in KS, NH & WA).



## **LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

### **COUNTRYWIDE RATES/RULES MANUAL**

#### **Part 1 – General Rules**

#### **V. RETURN PREMIUM**

- A. Deletion of any coverage, other than optional coverages, is not permitted unless the entire policy is canceled.
- B. Compute return premium at the rates used to calculate the policy premium at the inception of this policy period.
- C. Compute return premium pro rata and round in accordance with the Whole Dollar Rule when any coverage or exposure is deleted or an amount of insurance is reduced.
- D. Waive return premium of \$10.00 or less (not applicable in KS, NH & WA). Grant any return premium due if requested by the insured. This waiver only applies to cash exchange due on the endorsement effective date.

#### **VI. POLICY CANCELLATIONS**

- A. The policy may be canceled flat within 60 days of the effective date. Evidence of such cancellation must be received by the Company within 60 days of such cancellation.
- B. Any cancellation initiated, other than by the insured, after more than 60 days will be canceled pro-rata.
- C. Cancellation initiated by the insured will be canceled pro-rata less a penalty of 10% (7.5% for AK) unless coverage is concurrently rewritten by the Company, in which case no penalty shall be applied.

#### **VII. COVERAGES**

Coverages under this policy shall be as described in the respective Coverage Parts. It shall be permissible to attach more than one Coverage Part to the policy. The following are the combinations of coverages that are available under this policy:

Professional Liability and General Liability  
Professional Liability only

Note: General Liability cannot be purchased on a stand-alone basis.



## LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

### COUNTRYWIDE RATES/RULES MANUAL

#### Part 1 – General Rules

#### VIII. PREMIUM COMPUTATION

- A. Compute the premium at policy inception using the rules, rates, and rating plans in effect at that time. At each renewal, compute the premium using the rules, rates, and rating plans then in effect.
- B. Prorate the premium when a policy is issued for less than a whole year.
- C. Premiums are calculated as specified for the respective coverage. Premium rounding will be done at the end of the computation process in accordance with the Whole Dollar Rule.

For limits not specified in the rating rules, calculate the premiums by interpolating between the next highest available occurrence limit and the next lowest available occurrence limit. The corresponding aggregate limit will be three times the requested occurrence limit.

#### **Available coverages under this program are:**

a. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium. Coverage is available on an individual basis for individuals with no employees, or on a Firm/Group basis for firms and/or Groups with employees and/or independent contractors. Rules that apply to Firms/Groups only are described as such herein.

b. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium,  $r_1$ , is the first location rate,  $r_2$ , is the additional location rate, and n is the total number of locations.

c. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

~~d. Independent Contractor Premium:~~

~~For Physical Therapist D. Firm/Group Rates and Mental Health Specialists only:  
Premium is computed by multiplying the applicable rate by the number of independently contracted healthcare professionals providing services on behalf of the insured.~~

**Policy ~~Premium:~~ Minimum**





## LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

### COUNTRYWIDE RATES/RULES MANUAL

#### Part 1 – General Rules

The following minimum premium per policy shall apply to all firm policies except self-employed incorporated individuals with no employees seeking coverage only for their own provision of professional services. For these individuals, the self employed individual rate as shown on the State Rate Page shall apply as the Minimum. If the applicant:

- has any employees or independent contractors and wishes to cover the direct and/or vicarious liability exposure of those individuals;
  - or if the applicant has no employees but still wishes to have the business name as the first named insured;
- then the policy will be issued to the business as a firm and be subject to the minimum premiums as follows:

Nurse Practitioner Firm/Group \$ 2,500

Physical Therapy Firm/Group of 15 or more headcount including Independent Contractors \$ 5,000

All other Firms/Groups \$ 300

#### IX. FACTORS OR MULTIPLIERS

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

##### A. Additional ~~Limit~~ Limits

~~For Optometrists and Physical Therapists only:~~

Rules for Firms/Groups ~~with~~ (Corporations, Partnerships, Organizations):

Coverage is provided on a shared per claim limit basis.

If separate limits of liability equal to or less than \$1M/\$3M ~~have~~ are desired, the ~~option~~ following debits apply, depending on the number of ~~purchasing one additional~~ employees:

<u># of Rateable Employees</u>	<u>Debit</u>
<u>1</u>	<u>10.0%</u>
<u>2 – 9</u>	<u>12.0%</u>
<u>10 – 14</u>	<u>15.5%</u>
<u>15 or more</u>	<u>17.5%</u>

Rule for Self-Employed Individual with a fully owned DBA or Corporation and ~~separate~~ no Healthcare Employees or Independent Contractors

A fully owned DBA or Corporation may be added as a Named Insured with a shared limit of liability insurance, but solely for the ~~entity for an additional 17%~~ negligence of the ~~total annual~~ individual Insured named on the Declarations.



## LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

### COUNTRYWIDE RATES/RULES MANUAL

#### Part 1 – General Rules

##### B. Deductibles

When deductible options are requested or required, the following credits are applicable to the developed policy premium. The same deductibles apply to Professional Liability and, if purchased, General Liability coverage sections.

For Nurses only:

~~Groups with limits of liability equal to or less than \$1M/\$6M (\$1M/\$3M in NY) have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.~~

<u>Amount</u>	<u>Credit</u>
<u>\$1,000</u>	<u>1%</u>
<u>\$2,500</u>	<u>2.5%</u>
<u>\$5,000</u>	<u>5%</u>
<u>\$10,000</u>	<u>10%</u>
<u>\$15,000</u>	<u>11%</u>
<u>\$20,000</u>	<u>13%</u>
<u>\$25,000</u>	<u>15%</u>

##### B.C. Exposure Reduction

Reduced rates apply to insureds engaged in practices that reduce the risk of loss. If an insured qualifies under more than one category, only the category that provides the lowest rate applies.

##### i) Part-time Practice:

Part-time rates apply to self-employed professionals practicing 20 or fewer (16 or fewer for Mental Health in LA and CA only) hours per week. These rates are shown on the rate page as part-time self-employed.

##### ii) Newly Graduating Professionals:

Classes: Athletic Trainer; DieticianDietitian; Dietetic Technician; Health Coach;  
Occupational Therapist; Respiratory Therapist; Pharmacists

New graduate rates apply to individual professionals of the following classes who graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Class: Optometrist

New graduate rates apply to individual Optometrists who graduated within one year prior to the policy effective date. The rate for such Optometrists shall be ~~25~~75% of the rate shown on the rate page.



## LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

### COUNTRYWIDE RATES/RULES MANUAL

#### Part 1 – General Rules

Class: Nurses

First Year Graduate RN is defined as a Registered Nurse who completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual. Refer to the rate pages for discounted rate.

The lowest rate given by i.) or ii.) above applies.

#### D. Risk Management Credit

Individual Insureds are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Please refer to the table below for the eligible specialties and discounts For groups, Firms/Groups, at least 50% of the ratable professionals must have attended a “seminar” for this credit to apply.

	-	Athletic <del>Trainers</del> <sup>1</sup> Trainers <sup>2</sup>	Audiologist/ Speech Language Pathologist	Mental Health <del>Specialist</del> <sup>1</sup> Specialist <sup>2</sup>	<del>Nurses</del> <sup>1</sup> Nurses <sup>2</sup>	Opto- metrists	Pharma- cists	Rehab Therapists	All Other Classes
BOC Certification		10% <del>±</del> % <sup>1</sup>	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Completion/passed National Board Certified Counselor Exam		N/A	N/A	10%	N/A	N/A	N/A	N/A	N/A
Participation or attendance at a company approved loss prevention, loss control, risk management, or legal issues seminar or other educational forum		10%	N/A 10%	10%	10% <del>±</del> % <sup>1</sup>	10%	25%	10% <del>±</del> % <sup>1</sup>	10%
Protocols regarding Risk Management for ASHPCCC Credit		N/A	N/A 5% <sup>1</sup>	N/A	N/A	N/A	10% <del>±</del> % <sup>1</sup> N/A	N/A	N/A
CCC Credit		N/A	5% <del>±</del>	N/A	N/A	N/A	N/A	N/A	N/A
ACE Credit		N/A	10% <del>±</del> % <sup>1</sup> (5% in NY)	N/A	N/A	N/A	N/A	N/A	N/A
CCC/ACE Credit		N/A	15% <del>±</del> % <sup>1</sup> (10% in NY)	N/A	N/A	N/A	N/A	N/A	N/A
Certification from AANPCP, ANCC or		N/A	N/A	N/A	10% <del>±</del> % <sup>1</sup>	N/A	N/A	N/A	N/A

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## LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

### COUNTRYWIDE RATES/RULES MANUAL

#### Part 1 – General Rules

other certifying bodies								
Employment at a Magnet Hospital	N/A	N/A	N/A	10% <del>9%</del> <sup>1</sup>	N/A	N/A	N/A	N/A
Employment in a unit that has received the Beacon Award for Critical Care Excellence.	N/A	N/A	N/A	10% <del>9%</del> <sup>1</sup>	N/A	N/A	N/A	N/A

<sup>1</sup> Sponsored Applicants only.

<sup>2</sup> Risk Management Credit ~~can not~~ cannot exceed 10%.

~~See specific rate page for credits.~~

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#### **B.—Claims Experience:**

~~Based on frequency and severity of claims, including the types and trends for each individual insured professional and the insured entity as a whole.~~

##### **Modification Amount**

##### **Claim**

40% Debit

~~1 claim in past 3 years reserved or paid greater than \$5K and less than \$15K~~

45% Debit

~~2 claims in past 3 years reserved or paid greater than \$5K and less than \$15K~~

25% Debit

~~1 or more claims in past 3 years total reserved or paid greater than \$15K and less than \$30K~~



## LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

### COUNTRYWIDE RATES/RULES MANUAL

#### Part 1 – General Rules

##### D.E. Firm/Group Size

For Physical Therapist:

For purposes of rating, a Firm/Group is defined as more than one professional practicing together. An additional 1.15 multiplying factor will be applied to each groupFirm/Group policy premium.

For Mental Health Specialist:

A size of groupFirm/Group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group”the policy as follows:

Number of Professionals	Credit
1 – 2	0.00%
3 – 5	4.00%
6 – 10	6.00%
11 – 15	8.00%
16+	10.00%

For Other than Physical Therapist and Mental Health Specialists

A size of groupFirm/Group credit will be provided for practices which insure more than one professional under one policy (“firm/groups”). This premium credit will be based upon the number of professionals insured under such “group”policy as follows:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

##### F. Exposure Debits for Firms/Groups

Category	Debit
<u>Registry/Staffing</u>	<u>A surcharge of 25% of developed premium before debits/credits will be added to Firms/Groups that provide staffing to other facilities, firms or locations.</u>
<u>Background Check</u>	<u>A surcharge of 10% of developed premium before debits/credits will be added to Firms/Groups not performing background checkson their employees and independent contractors.</u>
<u>Nursing Home/Assisted Living/LTC</u>	<u>A surcharge of 25% of developed premium before debits/credits will be added to Firms/Groups that do more than 50% staffing of Nursing Home Facilities or Assisted Living Facilities.</u>



## LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

### COUNTRYWIDE RATES/RULES MANUAL

#### Part 1 – General Rules

<u>Category</u>	<u>Debit</u>
<u>High Tech/Critical Care</u>	<u>A surcharge of 25% of developed premium before debits/credits will be added to Firms/Groups performing High Tech (i.e., Trach care, Ventilator care, Chemotherapy, etc.) or Critical Care.</u>
<u>Workers Compensation Exposure, Physical Therapist Firms/Groups only</u>	<u>A surcharge of 20% of developed premium before debits/credits will be added to Physical Therapy Firms/Groups when Workers' Compensation (WC) related patient treatment exposure exceeds 40% of the Firm/Group's total patient treatment.</u>

#### G. Full Time Equivalents (FTE)

For calculating headcount, when applicable, full time equivalents will be utilized for Firms/Groups. Full time is defined as 40 hours a week. The total number of hours per week for each employed, contracted or ratable independent contractor working in a filed allied healthcare professional occupation will be divided by 40 to determine the number of full time equivalents for that professional occupation.

The full time equivalent rule is subject to minimum policy premium.

#### H. Optional Coverages:

**Non-Direct Patient Care Services:** Individual or Firm/Group insureds engaged in services other than the provision of direct medical care to clients or patients, including such services as Case Management, Consulting, Education, Life Care Planning and Utilization Review, may purchase coverage for Non-Direct Patient Care Services based on the number of professionals providing these services. For an individual insured, the premium charge is a flat \$25 annually. For a firm, an annual premium charge of \$25 per individual professional engaged in one or more of the above services is added to the Firm/Group's premium. (As an example, a firm with six total healthcare employees and only three providing Non-Direct Patient Care Services would be charged \$75 [3x25] annually for this coverage extension.) The Non-Direct Patient Care Services premium charge is not applicable to: Part 3 – Individual Student Program; Part 4 – Student Blanket Program; and Part 5 – Federation Rating Rules.

**Medical Director or Administrator Liability (available for Firms/Groups only):** Medical Director or Administrator coverage may be added to the policy on a sub-limited basis for \$500 or 10% of the base premium before surcharges, whichever is higher. The limit of liability for this coverage is \$100,000 Each Claim/\$300,000 Aggregate as a sub-limit of the Professional Liability limit shown on the declarations. If more than one medical director is employed by the firm and coverage is desired for each on a separate sublimited basis, such additional directors may be added for an additional premium of \$250 or 5% of the base premium before surcharges whichever is higher. Alternatively, the limits may be shared by all Medical Directors for the greater of one \$500 or 10% surcharge. This coverage applies only to the Medical Director's administrative duties and does not apply to actual performance



## LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

### COUNTRYWIDE RATES/RULES MANUAL

#### Part 1 – General Rules

of medical services, whether performed as part of the directors function with the firm, nor does it apply to services performed as a Good Samaritan.

Damage to Property of Others: Optional Damage to Property of Others aggregate limit may be increased to \$25,000 for a flat charge of \$50.

#### **E-I** Modification Schedule

Other risk modifications may be applied to the rate subject, however, to a maximum credit or debit as set forth in the State Modification Limits table. Premium eligibility is as follows: \$2,500 in NY, \$1,000 in WA, \$1,000 in FL before and after the application of schedule rating modifiers, and \$6,000 (after modification) in LA. This is not applicable for all other states.

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

<b>Experience Factor:</b>	+50% to -50%
Non-Renewed within Past 10 Years	
Claims Experience	
Licensing Board Experience	

<b>Quality Management:</b>	+50% to -50%
Loss Control/ <del>Risk Management</del> Education	
Ethical or Moral Standing	
Number of years in business	
Multiple Medical Professions	

<b>Location:</b>	+50% to -50%
Nursing Home	
Hospital	
Free Standing Clinic	
Home Health Care	
Multiple Locations	

<b>Area of Practice:</b>	+50% to -50%
Direct Patient Care	
Cosmetic Procedures	
Supervision of Others	
Correctional Facilities	



## LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

### COUNTRYWIDE RATES/RULES MANUAL

#### Part 1 – General Rules

State Modification Limits. The table below shows the maximum available Schedule Rating credit/debits % for insureds located in those states.

-15/15	-25/25			-40/25	-40/40		-50/+40	-50/50	NA <sup>1</sup>
NY <sup>2</sup>	AL	IA	NM	SC	AK	NH	GA	IL	HI
	AZ	ID	OH		MD	OK		IN	NE
	AR	KS	OR		ME	PA		KY	
	CA	LA <sup>2</sup>	PR		MN	RI		NC	
	CO	MA	SD		MS	TX		NV	
	CT	MI	UT		MT			TN	
	DC	MO	VT					VA	
	DE	ND	WA					WI	
	FL	NJ	WV					WY	

<sup>1</sup>NA = Schedule Rating is not available

<sup>2</sup>Characteristics capped at +/-10%.





## LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

### COUNTRYWIDE RATES/RULES MANUAL

#### Part 1 – General Rules

#### X. CONVERTING FROM A CLAIMS-MADE POLICY

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pre-pay:

Prior Acts Period	Prepaid Factor
1 Year Prior	0.808
2 Years Prior	1.154
3 Years Prior	1.238
4+ Years Prior	1.263

#### XI. EMPLOYEE RATES

Whenever a rate for an individual employee is not provided, use the corresponding rate for an employed individual.

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**LIBERTY INSURANCE UNDERWRITERS, INC  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules**

**A. Allied Health Professionals**

**I. RATES**

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
ART, DANCE, DRAMA, & MUSIC, <del>RECREATIONAL</del> THERAPIST, <del>FELDENKRAIS THERAPY PRACTITIONER,</del> <del>ALEXANDER THERAPY PRACTITIONER,</del> <del>TRAGER THERAPY PRACTITIONER,</del> <del>BODYWORK THERAPY PRACTITIONER,</del> <del>POLARITY THERAPY PRACTITIONER,</del> <del>SOMATIC THERAPY PRACTITIONER</del> **							
Employed/Employee	56	60	61	70	84	98	108
Self-employed	213	226	232	264	318	372	410
Part-time	94	100	103	117	141	165	182
ATHLETIC TRAINER, MASSAGE & OTHER THERAPISTS (including CORRECTIVE THERAPIST, HELLER WORKER, ROLFER, STRUCTURAL BODY WORKER) **							
Employed/Employee	143	151	155	177	213	249	275
Self-employed	691	733	753	857	1032	1207	1,331
Part-time	294	312	320	364	439	514	566
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST - SEE SEPARATE RATE PAGE (Part 2.B.)							
DENTAL HYGIENIST/ASSISTANT - SEE SEPARATE RATE PAGE (Part 2.C.)							
<del>DIETICIAN</del> <del>DIETITIAN</del> & NUTRITIONIST – SEE SEPARATE RATE PAGE (Part 2.D)							
ELECTROLOGIST **							
Employed	70	74	76	86	104	122	134
Employee	84	89	91	104	125	146	161
Self-employed	320	339	349	397	478	559	617
Part-time	142	151	155	176	212	248	273
INTERPRETER FOR THE DEAF **							
Employed/Employee	42	45	46	52	63	74	81
Self-employed	78	82	85	96	116	136	150
MENTAL HEALTH SPECIALISTS – SEE SEPARATE RATE PAGE (Part 2.E.)							
MEDICAL TECHNOLOGIST - SEE SEPARATE RATE PAGE (Part 2.F.)							

**LIBERTY INSURANCE UNDERWRITERS, INC  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules**

**A. Allied Health Professionals**

**LIBERTY INSURANCE UNDERWRITERS, INC  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules  
A. Allied Health Professionals**

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
MEDICAL RECORDS & PROCEDURAL CODERS <u>&amp; PROFESSIONAL CODERS **</u>							
Employed/Employee	56	60	61	70	84	98	108
Self-employed	213	226	232	264	318	372	410
NURSE - SEE SEPARATE RATE PAGE (Part 2.G.)							
OCCUPATIONAL THERAPIST – SEE SEPARATE RATE PAGE (Part 2.H.)							
OPTICIAN **							
Employed	140	148	153	173	209	245	270
Self-employed	241	255	262	298	359	420	463
Part-time	180	191	196	223	269	315	347
OPTOMETRIST - SEE SEPARATE RATE PAGE (Part 2.I.)							
ORTHOPEDIC TECHNICIAN **							
Employed	58	62	64	72	87	102	112
Self-employed	628	666	685	779	938	1,097	1,210
Part-time	267	283	291	331	399	467	515
ORTHOTIST **							
Employed	130	138	142	161	194	227	250
PHARMACIST/PHARMACIST TECHNICIAN/ RETAIL DRUGGIST - SEE SEPARATE RATE PAGE (Part 2.J.)							
PHYSICAL THERAPIST - SEE SEPARATE RATE PAGE (Part 2.K.)							
PHYSICIAN ASSISTANT - SEE SEPARATE RATE PAGE (Part 2.L.)							
REHABILITATION COUNSELER / THERAPIST / ASSISTANT - SEE SEPARATE RATE PAGE (Part 2.M.)							
RESPIRATORY THERAPIST - SEE SEPARATE RATE PAGE (Part 2.M.)							
STRENGTH & CONDITION - SEE SEPARATE RATE PAGE (Part 2.N.)							

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules A. Allied Health Professionals

#### ADDITIONAL INSURED \*\*\*

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M <u>***</u>
First Additional Insured - Professional Liability Only <del>ALL ALLIED HEALTH PROFESSIONALS***</del>	110	111	114	129	156	183	201
Additional Insured - Professional Liability and General Liability	<u>126</u>	<u>129</u>	<u>132</u>	<u>150</u>	<u>181</u>	<u>212</u>	<u>233</u>
Additional Insured - General Liability only (available only if GL first location is purchased)	<u>16</u>	<u>17</u>	<u>18</u>	<u>21</u>	<u>25</u>	<u>29</u>	<u>32</u>

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#### ADDITIONAL INSURED – ATHLETIC TRAINERS \*\*

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	<u>100K / 300K</u>	<u>200K / 600K</u>	<u>250K / 750K *</u>	<u>500K / 1M</u>	<u>1M / 3M</u>	<u>2M / 4M</u>	<u>2M / 6M *</u>
Additional Insured - Professional Liability Only	<u>105</u>	<u>111</u>	<u>114</u>	<u>129</u>	<u>156</u>	<u>183</u>	<u>201</u>
Additional Insured - Professional Liability and General Liability	<u>121</u>	<u>129</u>	<u>132</u>	<u>150</u>	<u>181</u>	<u>212</u>	<u>233</u>
Additional Insured - General Liability only (available only if GL first location is purchased)	<u>17</u>	<u>18</u>	<u>18</u>	<u>21</u>	<u>25</u>	<u>29</u>	<u>32</u>

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#### GENERAL LIABILITY PREMIUM \*\*\*

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M <u>***</u>
<del>ALL ALLIED HEALTH PROFESSIONALS</del>	-	-	-	-	-	-	-
First Location	80	85	88	100	120	140	155
per Additional Location	34	36	37	42	50	59	65

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#### ~~ATHLETIC TRAINERS~~

<del>ADDITIONAL INSURED</del>	<del>100K / 300K</del>	<del>200K / 600K</del>	<del>250K / 750K *</del>	<del>500K / 1M</del>	<del>1M / 3M</del>	<del>2M / 4M</del>	<del>2M / 6M <u>***</u></del>
<del>First Additional Insured – Professional Liability Only</del>	<del>105</del>	<del>111</del>	<del>114</del>	<del>129</del>	<del>156</del>	<del>183</del>	<del>201</del>
<del>Additional Insured – Professional Liability and General Liability</del>	<del>121</del>	<del>129</del>	<del>132</del>	<del>150</del>	<del>181</del>	<del>212</del>	<del>233</del>
<del>Additional Insured – General Liability only (available only if GL first location is purchased)</del>	<del>17</del>	<del>18</del>	<del>18</del>	<del>21</del>	<del>25</del>	<del>29</del>	<del>32</del>

**LIBERTY INSURANCE UNDERWRITERS, INC  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules**

**A. Allied Health Professionals**

**Notes:**

\* The 250K/750K limits option is applicable only for INDIANA

~~\*\* The 2M/6M limits option is applicable only for VIRGINIA~~

~~\*\*\* -Rates for additional insureds and general liability Unless listed on specific manual pages~~  
~~occupations listed above that are not referenced in a separate rates page.~~

**LIBERTY INSURANCE UNDERWRITERS, INC  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules**

**B. Audiology/Speech Pathology Program**

**I. RATES – SPONSORED**

OCCUPATION	200K / 200K	500K / 500K	1M / 3M	1M / 5M	2M / 5M	2M / 6M	Formatted Table
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST							
Employed	43	50	57	79	92	96	
Employee	28	32	36	39	46	48	
Self-employed	78	91	105	143	167	174	
SPEECH – LANGUAGE PATHOLOGIST ASSISTANT / AIDE, AUDIOLOGIST ASSISTANT/AIDE							Formatted: Font color: Auto
Employed	39	45	51	71	83	43	Formatted: Font: Not Bold, No underline, Font color: Auto
Employee	25	29	32	35	41	43	Formatted: Font color: Auto
Self-employed	70	82	95	129	150	156	
<b>ADDITIONAL INSURED</b>							
<b>Occupation</b>	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 3M</b>	<b>1M / 5M</b>	<b>2M / 5M</b>	<b>2M / 6M</b>	
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST							
First-Additional Insured - Professional Liability Only	110	129	134	142	166	173	
Each Subsequent-Additional Insured - Professional Liability and General Liability	<del>110</del> 128	<del>129</del> 149	<del>134</del> 155	<del>142</del> 165	<del>166</del> 193	201	
Additional Insured - General Liability only (available only if GL first location is purchased)	1818	2020	2121	2323	2727	28	
<b>GENERAL LIABILITY PREMIUM</b>							
<b>Occupation</b>	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 3M</b>	<b>1M / 5M</b>	<b>2M / 5M</b>	<b>2M / 6M</b>	
First Location	73	83	95	95	111	115	
per Additional Location	29	33	<del>38</del> 37	38	44	46	

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules B. Audiology/Speech Pathology Program

#### II. RATES – NON-SPONSORED

OCCUPATION	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	<del>2M / 6M</del>	Formatted Table
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST							
Employed	43	50	57	79	92	<u>101</u>	
Employee	28	32	36	39	46	<u>51</u>	
Self-employed	78	91	105	143	167	<u>184</u>	
SPEECH – LANGUAGE PATHOLOGIST ASSISTANT / <del>AIDE</del> , AUDIOLOGIST ASSISTANT/AIDE							Formatted: Font color: Auto
Employed	39	45	51	71	83		Formatted: Font: Not Bold, No underline, Font color: Auto
Employee	25	29	32	35	41	<u>45</u>	
Self-employed	70	82	95	129	150	<u>165</u>	

#### ADDITIONAL INSURED

<del>Occupation</del>	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	<u>2M / 6M</u>
<del>AUDIOLOGIST/SPEECH &amp; HEARING PATHOLOGIST/THERAPIST</del>						
<del>First-Additional Insured - Professional Liability Only</del>	110	129	134	142	166	<u>183</u>
<del>Each Subsequent-Additional Insured - Professional Liability and General Liability</del>	<del>128</del> <u>104</u>	<del>149</del> <u>129</u>	<del>155</del> <u>134</u>	<del>165</del> <u>142</u>	<del>193</del> <u>166</u>	<u>201</u>
<del>Additional Insured - General Liability only (available only if GL first location is purchased)</del>	<del>18</del> <u>18</u>	<del>20</del> <u>20</u>	<del>21</del> <u>21</u>	<del>23</del> <u>23</u>	<del>27</del> <u>27</u>	<u>28</u>

#### GENERAL LIABILITY PREMIUM

<del>Occupation</del>	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	<u>2M / 6M</u>
First Location	73	83	95	95	111	<u>122</u>
per Additional Location	29	33	<del>38</del> <u>37</u>	38	44	<u>48</u>



# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules C. Dental Hygiene Professionals Program

#### I. RATES

OCCUPATION <sup>1</sup>	200K / 200K	500K / 500K	250K / 750K *	1M / 1M	1M / 3M	2M / 4M	2M / 6M **
DENTAL HYGIENIST/ASSISTANT / <a href="#">DENTAL THERAPIST</a>							
Employed	50	57	48	62	66	77	85
Employee	48	57	47	62	65	76	84
Self-employed	188	219	184	238	252	295	325
Part-time	84	97	81	105	111	130	143

#### ADDITIONAL INSURED

Occupation	100K / 300K	500K / 500K	250K / 750K *	1M / 1M	1M / 3M	2M / 4M	2M / 6M **
<del>DENTAL HYGIENIST/ASSISTANT / DENTAL THERAPIST</del> Additional Insured – Professional Liability Only	110	129	114	147	156	183	201
Additional Insured – Professional Liability and General Liability	<a href="#">126</a>	<a href="#">129</a>	<a href="#">132</a>	<a href="#">150</a>	<a href="#">181</a>	<a href="#">212</a>	<a href="#">233</a>
Additional Insured – General Liability only (available only if GL first location is purchased)	<a href="#">16</a>	<a href="#">17</a>	<a href="#">18</a>	<a href="#">21</a>	<a href="#">25</a>	<a href="#">29</a>	<a href="#">32</a>

#### GENERAL LIABILITY PREMIUM

Occupation	100K / 300K	500K / 500K	250K / 750K *	1M / 1M	1M / 3M	2M / 4M	2M / 6M **
First Location	98	116	96	132	132	154	170
per Additional Location	40	46	39	<del>53</del> <a href="#">52</a>	53	62	68

#### Notes:

- \* The 250K/750K limits option is applicable only for INDIANA
- \*\* ~~The 2M/6M limits option is applicable only for VIRGINIA~~

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules D. Dietitian Program

#### I. RATES – ~~ADA~~ ACADEMY DIETITICIAN & NUTRITIONIST

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 5M	2M / 5M	2M / - 6M <del>**</del>
ACADEMY <del>DA</del> DIETITICIAN & NUTRITIONIST / NUTRITIONAL CONSULTANT / NUTRITIONAL COUSELOR / <u>DIETETIC TECHNICIAN / HEALTH COACH</u> / CLINICAL NUTRITIONIST							
Employed/Employee	48	50	52	59	71	87	92
Self-employed (Full Time)	79	84	86	98	118	144	152
Self-employed (Part Time)	60	64	66	75	90	110	116

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#### ADDITIONAL INSURED

<del>Occupation</del>	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 5M	2M / 5M	2M / - 6M <del>**</del>
<del>ACADEMY</del> <del>DA</del> DIETITICIAN & NUTRITIONIST / NUTRITIONAL CONSULTANT / NUTRITIONAL COUSELOR / <u>DIETETIC TECHNICIAN / HEALTH COACH</u> / CLINICAL NUTRITIONIST							
Additional Insured – Professional Liability Only	105	110	114	129	156	183	201
Additional Insured – Professional Liability and General Liability	<u>121</u>	<u>127</u>	<u>132</u>	<u>150</u>	<u>181</u>	<u>212</u>	<u>233</u>
Additional Insured – General Liability only (available only if GL first location is purchased)	<u>16</u>	<u>17</u>	<u>18</u>	<u>21</u>	<u>25</u>	<u>29</u>	<u>32</u>

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#### GENERAL LIABILITY PREMIUM

<del>Occupation</del>	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 5M	2M / 5M	2M / - 6M <del>**</del>
<del>ADA</del> DIETITICIAN & NUTRITIONIST							
First Location	80	85	88	100	120	140	155
per Additional Location	34	36	37	42	50	59	65

#### Notes:

\* The 250K/750K limits option is applicable only for INDIANA

~~\*\* The 2M/6M limits option is applicable only for VIRGINIA~~

**LIBERTY INSURANCE UNDERWRITERS, INC  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules**  
**D. Dietitian Program**

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules D. Dietitian Program

#### II. RATES – NON ACADEMY DIETITICIAN & NUTRITIONIST

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M **
NON ACADEMY DIETITICIAN & NUTRITIONIST / NUTRITIONAL CONSULTANT / NUTRITIONAL COUSELOR / DIETETIC TECHNICIAN / HEALTH COACH / CLINICAL NUTRITIONIST							
Employed/Employee	51	54	55	63	76	89	98
Self-employed (Full Time)	190	201	207	235	283	331	365
Self-employed (Part Time)	88	94	96	110	132	154	170

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#### ADDITIONAL INSURED

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M **
Additional Insured – Professional Liability Only <del>NON ACADEMY DIETITICIAN &amp; NUTRITIONIST / NUTRITIONAL CONSULTANT / NUTRITIONAL COUSELOR / DIETETIC TECHNICIAN / HEALTH COACH / CLINICAL NUTRITIONIST</del>	110	111	114	129	156	183	201
Additional Insured – Professional Liability and General Liability	126	129	132	150	181	212	233
Additional Insured – General Liability only (available only if GL first location is purchased)	16	17	18	21	25	29	32

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#### GENERAL LIABILITY PREMIUM

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M **
<del>NON ADA DIETITICIAN &amp; NUTRITIONIST</del>							
First Location	80	85	88	100	120	140	155
per Additional Location	34	36	37	42	50	59	65

#### Notes:

\* The 250K/750K limits option is applicable only for INDIANA

\*\* The 2M/6M limits option is applicable only for VIRGINIA

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules E. Mental Health Program

#### I. RATES

##### EMPLOYED COUNSELORS

	200K / 200K	500K / 500K	LIMIT OPTIONS		2M / 4M	2M / 6M
			1M / 1M	1M / 3M		
<b>Individual Rates Per Person</b>						
Employed Counselor	172	212	294	328	384	422
Drug & Alcohol Counselor	97	149	210	226	264	290
School Counselor (K-12)	103	130	184	201	235	258
Employed Social Worker	143	156	205	220	257	283
School Social Worker*	86	96	128	135	158	174
<u>Marriage and Family Therapist</u>						
<u>Behavioral Therapist</u>	72	79	103	111	130	143

##### SELF-EMPLOYED AND GROUPS

##### Per partner, director, owner, officer and self-employed:

Counselor	295	320	419	451	528	581
Drug & Alcohol Counselor	97	149	210	226	264	290
Social Worker (Full Time)	197	215	282	303	355	390
Social Worker (Part Time)	128	140	183	197	231	254
<u>Marriage and Family Therapist</u>						
<u>Behavioral Therapist (full-time)</u>	160	174	229	246	287	316
<u>Marriage and Family Therapist</u>						
<u>Behavioral Therapist (part-time)</u>	80	87	115	123	144	158
* <u>Other Professional</u>	295	320	419	451	528	581

##### Per employee of self-employed individual or group:

Counselor ( <u>Full Time</u> )	295	320	419	451	528	581
Counselor ( <u>Part Time</u> )	192	208	272	293	343	377
Drug & Alcohol Counselor ( <u>Full Time</u> )	97	149	210	226	264	290
Drug & Alcohol Counselor ( <u>Part Time</u> )	63	97	137	147	172	189
Social Worker ( <u>Full Time</u> )	143	156	205	220	257	283
Social Worker ( <u>Part Time</u> )	93	101	133	143	167	184
* <u>Other Professional</u>	62	73	77	84	98	108

**LIBERTY INSURANCE UNDERWRITERS, INC  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules**  
**E. Mental Health Program**

\* Does not include Psychologists.

<u>Additional Insureds</u>	<u>200K / 200K</u>	<u>500K / 500K</u>	<u>1M / 1M</u>	<u>1M / 3M</u>	<u>2M / 4M</u>	<u>2M / 6M</u>
<u>First Additional Insured – Professional Liability Only</u>	80	94	107	113	132	145
<u>Each Subsequent Additional Insured – Professional Liability Only</u>	21	23	26	29	34	37
<u>Additional Insured - General Liability only (available only if GL first location is purchased)</u>	17	21	24	25	29	32

If an insured purchases both Additional Insured – Professional Liability and Additional Insured – General Liability, add the corresponding rates together.

~~\* Illinois only.~~

~~\*\* Does not include Psychologists or Social Workers.~~

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# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules E. Mental Health Program

The following optional GL coverages are only available to insureds who are groups or self-employed. The limits of the optional GL coverage must equal the professional liability limits.

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#### OPTIONAL COVERAGES

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	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b><u>2M / 6M</u></b>
<b>General Liability</b>						
First Location	98	116	130	132	154	<u>169</u>
Each Subsequent Location	40	46	52	53	62	<u>68</u>

#### ANY PSYCHOLOGIST

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In the State of: ALABAMA, ALASKA, ARKANSAS, CONNECTICUT, DELAWARE, HAWAII, INDIANA\*\*, IOWA, KENTUCKY, MAINE, MASSACHUSETTS, NORTH DAKOTA, OKLAHOMA, RHODE ISLAND, SOUTH CAROLINA, UTAH, VERMONT, WEST VIRGINIA and WYOMING

	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b><u>2M / 6M</u></b>
<b>Rates Per Person</b>	754	875	1,136	1,279	1,496	<u>1,646</u>

\*\* INDIANA only: The rate per person for limits 250K/750K is \$842.

In the State of: DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, IDAHO, ILLINOIS, KANSAS, MARYLAND, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, OHIO, PENNSYLVANIA, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, WASHINGTON and WISCONSIN

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	<b>200K / -200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b><u>2M / 6M</u></b>
<b>Rates Per Person</b>	927	1,077	1,398	1,572	1,839	<u>2,023</u>

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules E. Mental Health Program

In the State of: ARIZONA, COLORADO, LOUISIANA, MICHIGAN, MINNESOTA, NEW JERSEY,  
NEW MEXICO and OREGON

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	<u>200K / 200K</u>	<u>500K / 500K</u>	<u>1M / 1M</u>	<u>1M / 3M</u>	<u>2M / 4M</u>	<u>2M / 6M</u>
<b>Rates Per Person</b>	1,587	1,847	2,397	2,696	3,154	<u>3,469</u>

	<u>200K / 200K</u>	<u>500K / 500K</u>	<u>1M / 1M</u>	<u>1M / 3M</u>	<u>2M / 4M</u>	<u>2M / 6M</u>
<u>Additional Insureds</u>						
<u>First Additional Insured – Professional Liability Only</u>	<u>80</u>	<u>94</u>	<u>107</u>	<u>113</u>	<u>132</u>	<u>145</u>
<u>Each Subsequent Additional Insured – Professional Liability Only</u>	<u>21</u>	<u>23</u>	<u>26</u>	<u>29</u>	<u>34</u>	<u>37</u>
<u>Additional Insured - General Liability only (available only if GL first location is purchased)</u>	<u>17</u>	<u>21</u>	<u>24</u>	<u>25</u>	<u>29</u>	<u>32</u>

If an insured purchases both Additional Insured – Professional Liability and Additional Insured – General Liability, add the corresponding rates together.

The following optional GL coverages are only available to insureds who are groups or self-employed. The limits of the optional GL coverage must equal the professional liability limits.

#### OPTIONAL COVERAGES

	<u>200K / 200K</u>	<u>500K / 500K</u>	<u>1M / 1M</u>	<u>1M / 3M</u>	<u>2M / 4M</u>	<u>2M / 6M</u>
<u>General Liability</u>						
<u>First Location</u>	<u>98</u>	<u>116</u>	<u>130</u>	<u>132</u>	<u>154</u>	<u>169</u>
<u>Each Subsequent Location</u>	<u>40</u>	<u>46</u>	<u>52</u>	<u>53</u>	<u>62</u>	<u>68</u>

A part-time rate will apply to self-employed professionals or rateable members of a group who work 20 hours or less per week. The part-time rate is 65% of the full-time rate and applies to each qualified individual.



# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules F. Medical Technologist Program

#### I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M
MEDICAL TECHNOLOGIST (Electrophysiology, Ophthalmic, Surgical, Radiologic), <del>EVO</del> <del>POTENTIAL TECHNOLOGIST,</del> <del>ELECTRONEURODIAGNOSTIC</del> <del>TECHNOLOGIST, LONG-TERM</del> <del>MONITORING TECHNOLOGIST,</del> <del>NERVE CONDUCT STUDIES</del> <del>TECHNOLOGIST,</del>							
Employed	76	81	83	95	114	134	147
Employee	92	98	101	114	138	161	177
Self-employed (Full Time)	352	373	384	437	526	615	676
Self-employed (Part Time)	156	166	170	194	233	273	300
<b>OCCUPATION</b>	<b>100K / 300K</b>	<b>200K / 600K</b>	<b>250K / 750K *</b>	<b>500K / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
MEDICAL TECHNICIANS (Cardiopulmonary, Cardiovascular, Clinical Radiography, Cytogenetic Technologist, Dialysis, Electrocardiograph (EKG), Electroencephalographic (EEG), Laboratory, MRI, Nuclear Medical, Polysomnographic, Ultrasound, Vascular, X-Ray, Polysomnographic)							
Employed	76	81	83	95	114	134	147
Employee	92	98	101	114	138	161	177
Self-employed (Full Time)	352	373	384	437	526	615	676
Self-employed (Part Time)	156	166	170	194	233	273	300
<b>OCCUPATION</b>	<b>100K / 300K</b>	<b>200K / 600K</b>	<b>250K / 750K *</b>	<b>500K / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
Certified Ophthalmic Photographer, Lactation Consultant, Medical Assistant, Medical Records Administrator, Phlebotomist, Sonographer, Surgical Assistant							
Employed	76	81	83	95	114	134	147
Employee	92	98	101	114	138	161	177
Self-employed (Full Time)	352	373	384	437	526	615	676
Self-employed (Part Time)	156	166	170	194	233	273	300

**LIBERTY INSURANCE UNDERWRITERS, INC  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules  
F. Medical Technologist Program**

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**LIBERTY INSURANCE UNDERWRITERS, INC  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules  
F. Medical Technologist Program**

**ADDITIONAL INSURED**

<b>Occupation</b>	<b>100K / 300K</b>	<b>200K / 600K</b>	<b>250K / 750K *</b>	<b>500K / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
<a href="#">Additional Insured - Professional Liability Only</a> <del>MEDICAL TECHNOLOGIST, EVOKED POTENTIAL TECHNOLOGIST, ELECTRONEURODIAGNOSTIC TECHNOLOGIST, LONG-TERM MONITORING TECHNOLOGIST, NERVE CONDUCT STUDIES TECHNOLOGIST</del>	110	111	114	129	156	183	<del>201</del>
<a href="#">Additional Insured - Professional Liability and General Liability</a>	<a href="#">126</a>	<a href="#">129</a>	<a href="#">132</a>	<a href="#">150</a>	<a href="#">181</a>	<a href="#">212</a>	<a href="#">233</a>
<a href="#">Additional Insured - General Liability only (available only if GL first location is purchased)</a>	<a href="#">16</a>	<a href="#">17</a>	<a href="#">18</a>	<a href="#">21</a>	<a href="#">25</a>	<a href="#">29</a>	<a href="#">32</a>

**GENERAL LIABILITY PREMIUM**

<b>Occupation</b>	<b>100K / 300K</b>	<b>200K / 600K</b>	<b>250K / 750K *</b>	<b>500K / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
First Location	80	85	88	100	120	140	<a href="#">155</a>
per Additional Location	34	36	37	42	50	59	<a href="#">65</a>

**Notes:**

\* The 250K/750K Limit is applicable only for INDIANA

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules G. Nurses Program

#### I. RATES

<u>Employed Professionals</u>							Formatted: Font: Times New Roman, Font color: Auto
	<u>100/300</u>	<u>200/600</u>	<u>500/1M</u>	<u>1M/6M</u>	<u>2M/4M</u>	<u>2M/6M**</u>	Formatted: Font color: Auto
First Year Graduate RN's (ANA only)	30	32	37	45	53	58	Formatted: Font color: Auto
First Year Graduate RN's	46	48	56	68	80	88	Formatted: Font: (Default) Times New Roman
LPN's, LVN's, Nurses Aides/Assistants	66	70	81	98	114	126	Formatted: Font color: Auto
RN's (excluding Obstetrical RN's)	66	70	81	98	114	126	Formatted: Font color: Auto
<u>Doula, Childbirth Educator (eg. Lamaze)</u>	<u>66</u>	<u>70</u>	<u>81</u>	<u>98</u>	<u>114</u>	<u>126</u>	Formatted: Font color: Auto
Obstetrical RN's							Formatted: Font color: Auto
Full-Time (More than 20hrs/week)	258	273	320	385	450	497	Formatted: Font color: Auto
Part-Time (20hrs/week or less)	129	137	160	193	225	249	Formatted: Font color: Auto
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<u>Advanced Practice Nurses *</u>	<u>100/300</u>	<u>200/600</u>	<u>500/1M</u>	<u>1M/6M</u>	<u>2M/4M</u>	<u>2M/6M**</u>	Formatted: Font: Times New Roman, 10 pt, Font color: Auto
OB/GYN, OB/GYN Acute Critical Care							Formatted: Font color: Auto
Advanced Practice Nurse *	926	981	1,147	1,382	1,617	1,783	Formatted: Font: Times New Roman, 10 pt, Font color: Auto
Psychiatric/ <u>Mental Health</u> Advanced Practice Nurse *							Formatted: Font color: Auto
Full-Time (More than 20 hrs/week)	579	613	717	864	1,011	1,115	Formatted: Font: (Default) Times New Roman
Part-Time (20hrs/week or less)	290	307	359	432	506	558	Formatted: Font color: Auto
Pediatric/Family Practice/ Acute Critical Care (No OB/GYN)/Community Health/Maternal & Child/Medical-Surgical/Neonatology/School Advanced Practice Nurse *							Formatted: Font color: Auto
Full-Time (More than 20hrs/week)	752	796	932	1,123	1,314	1,449	Formatted: Font color: Auto
Part-Time (20hrs/week or less)	376	398	466	562	657	725	Formatted: Font color: Auto
All Other Advanced Practice Nurse *							Formatted: Font color: Auto
Full-Time (More than 20hrs/week)	405	430	502	605	708	780	Formatted: Font color: Auto
Part-Time (20hrs/week or less)	203	215	251	303	354	390	Formatted: Font color: Auto
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# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules G. Nurses Program

#### Self-Employed Professionals

	100/300	200/600	500/1M	1M/6M	2M/4M	2M/6M**
<b>Obstetrical Nurses</b>						
Full-Time (more than 20 hrs/week)	590	625	730	880	1,030	1,135
Part-Time (20hrs/week or less)	295	313	365	440	515	568
<b>Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health &amp; Staff Relief Supervisors)</b>						
Full-Time (more than 20hrs/week)	258	273	320	385	450	497
Part-Time (20hrs/week or less)	129	137	160	193	225	249
<del>Doula, Childbirth Educator (eg. Lamaze)</del>						
<u>Doula, Childbirth Educator (eg. Lamaze)</u>						
Full-Time (more than 20hrs/week)	258	273	320	385	450	497
Part-Time (20hrs/week or less)	129	137	160	193	225	249

#### Advanced Practice Nurses\*

	100/300	200/600	500/1M	1M/6M	2M/4M	2M/6M**
<b>OB/GYN, OB/GYN Acute Critical Care Advanced Practice Nurse *</b>	1,111	1,177	1,376	1,658	1,940	2,139
<b>Psychiatric / Mental Health Advanced Practice Nurse*</b>						
Full-Time (More than 20hrs/week)	695	736	860	1,037	1,213	1,338
Part-Time (20hrs/week or less)	348	368	430	518	607	669
<b>Pediatric/Family Acute Critical Care (No OB/GYN)/Community Health/Maternal &amp; Child/Medical-Surgical/Neonatology/School</b>						
Advanced Practice Nurse*						
Full-Time (More than 20hrs/week)	902	955	1,118	1,348	1,577	1,739
Part-Time (20hrs/week or less)	451	478	559	674	788	870
<b>All Other Advanced Practice Nurse*</b>						
Full-Time (More than 20hrs/week)	486	516	602	726	850	937
Part-Time (20hrs/week or less)	243	258	301	364	425	469

\* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority.

\*\* 2M/6M limits option is available in Virginia only.

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# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules G. Nurses Program

#### Optional Coverages

	<u>100/300</u>	<u>200/600</u>	<u>500/1M</u>	<u>1M/6M</u>	<u>2M/4M</u>	<u>2M/6M</u> ***
General Liability - First Location	80	85	100	120	140	155
General Liability - per Additional Location	34	36	42	50	59	65
Additional Insureds - Professional Liability only	84	89	104	125	146	161
Additional Insureds - Professional Liability & General Liability	101	107	125	150	176	194
Additional Insureds – General Liability only	17	18	21	25	29	32

\* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority. [Clinical Nurse Practitioners without Prescriptive and Medical Diagnostic Authority are rated at the corresponding RN rate.](#)

\*\*\* ~~2M/6M limits option is available in Virginia only.~~

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# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules H. Occupational Therapist Program

#### I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
Occupational Therapist / <a href="#">Occupational Therapy Assistant</a>							
Employed	54	58	59	67	81	95	104
Employee	54	58	59	67	81	95	104
Self-employed (Full Time)	152	161	166	188	227	266	293
Self-employed (Part Time)	71	75	77	88	106	124	137

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#### ADDITIONAL INSUREDS

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	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 5M	2M / 5M	2M / 6M
<a href="#">Additional Insured – Professional Liability Only</a>	105	110	114	129	156	183	201
<a href="#">Additional Insured – Professional Liability and General Liability</a>	<del>126</del> 121	<del>129</del> 127	132	150	181	212	233
<a href="#">Additional Insured – General Liability only (available only if GL first location is purchased)</a>	16	17	18	21	25	29	32

#### GENERAL LIABILITY PREMIUM

	<a href="#">100K / 300K</a>	<a href="#">200K / 600K</a>	<a href="#">250K / 750K *</a>	<a href="#">500K / 1M</a>	<a href="#">1M / 5M</a>	<a href="#">2M / 5M</a>	<a href="#">2M / 6M</a>
<a href="#">First Location</a>	80	85	88	100	120	140	155
<a href="#">per Additional Location</a>	34	36	37	42	50	59	65

#### ADDITIONAL INSUREDS

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
Occupational Therapist	110	111	114	129	156	183	201

#### GENERAL LIABILITY PREMIUM

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
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**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules**  
**H. Occupational Therapist Program**

<b>Occupational Therapist</b>	-	-	-	-	-	-	-
- First Location	80	85	88	100	120	140	155
- per-Additional Location	34	36	37	42	50	59	65
<del>Additional Insureds — General</del>							
<del>Liability only</del>	<del>17</del>	<del>18</del>	<del>18</del>	<del>21</del>	<del>25</del>	<del>29</del>	<del>32</del>

\* The 250K/750K Limit is applicable only for INDIANA

~~\*\* The 2M/6M limits option is applicable only for VIRGINIA~~

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules I. Optometrist Program

#### I. RATES

<b>TERRITORY I:</b>	<b>100K / 300K</b>	<b>200K / 600K</b>	<b>500K / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
EMPLOYED	314	333	389	469	549	604
SELF-EMPLOYED full time	314	333	389	469	549	604
SELF-EMPLOYED part time	242	256	300	361	422	464
Alabama, Alaska, Arizona, Arkansas, Delaware, Hawaii, Idaho, Indiana*, Iowa, Kansas, Kentucky, Maine, Maryland, Mississippi, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming.						

\* For Indiana only, rates for \$250K/\$750K limits are as follows: EMPLOYED = \$342; SELF-EMPLOYED full time = \$342; SELF-EMPLOYED part time = \$264.

<b>TERRITORY II:</b>	<b>100K / 300K</b>	<b>200K / 600K</b>	<b>500K / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
EMPLOYED	377	399	466	562	658	724
SELF-EMPLOYED full time	377	399	466	562	658	724
SELF-EMPLOYED part time	290	307	359	433	507	558
Colorado Georgia Illinois, <i>other than Cook County</i> Massachusetts, <i>other than Norfolk and Suffolk Counties</i> Michigan, <i>other than Wayne County</i> Minnesota Missouri Nevada New Jersey, <i>other than Camden, Hudson, Essex, Union, and Mercer Counties</i> Pennsylvania, <i>other than Philadelphia County</i> Texas, <i>other than Dallas and Harris</i>						

# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules I. Optometrist Program

<b>TERRITORY III:</b>	<b>100K / 300K</b>	<b>200K / 600K</b>	<b>500K / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b><u>2M / 6M</u></b>
EMPLOYED	600	636	744	896	1,048	<u>1,153</u>
SELF-EMPLOYED full time	600	636	744	896	1,048	<u>1,153</u>
SELF-EMPLOYED part time	462	490	573	690	807	<u>888</u>
Illinois: <i>Cook County</i>						
Louisiana						
Massachusetts: <i>Norfolk and Suffolk Counties</i>						
New Jersey: <i>Camden, Hudson, Essex, Union, and Mercer Counties</i>						
Pennsylvania: <i>Philadelphia County</i>						
Texas: <i>Dallas and Harris Counties</i>						

<b>TERRITORY IV:</b>	<b>100K / 300K</b>	<b>200K / 600K</b>	<b>500K / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b><u>2M / 6M</u></b>
EMPLOYED	1,058		1,311	1,579	1,847	<u>2,032</u>
SELF-EMPLOYED full time	1,058	1,121	1,311	1,579	1,847	<u>2,032</u>
SELF-EMPLOYED part time	814	863	1,008	1,215	1,422	<u>1,564</u>
Connecticut						
District of Columbia						
Michigan: <i>Wayne County</i>						

Please refer to NY, FL & CA only rate pages for specific rates for these states.

### OPTIONAL COVERAGES

	<b>100K / 300K</b>	<b>200K / 600K</b>	<b>500K / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b><u>2M / 6M</u></b>
<a href="#">Additional Insured - Professional Liability</a>	105					
<del>Only Additional Insureds Professional Liability (each)</del>		111	129	156	183	<u>201</u>
<a href="#">Additional Insured - Professional Liability and General Liability</a>	<u>121</u>	<u>128</u>	<u>150</u>	<u>181</u>	<u>212</u>	<u>233</u>
<a href="#">Additional Insured - General Liability only (available only if GL first location is purchased)</a>	<u>16</u>	<u>17</u>	<u>21</u>	<u>25</u>	<u>29</u>	<u>32</u>
General Liability - First Location	80	85	100	120	140	<u>155</u>
General Liability - per Additional Location	34	36	42	50	59	<u>65</u>
<del>Additional Insured - General Liability Only</del>	<del>17</del>	<del>18</del>	<del>21</del>	<del>25</del>	<del>29</del>	

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**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules**  
**I. Optometrist Program**

\* For Indiana only, rates for \$250K/\$750K limits are as follows: Additional Insured Professional Liability Only = \$14; Additional Insured - Professional Liability and General Liability = \$132; Additional Insured - General Liability only = \$18 ; General Liability – First Location = \$88; General Liability – each additional location = \$37.

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# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## COUNTRYWIDE RATES/RULES MANUAL

### Part 2 – Rating Rules J. Pharmacists Program

#### I. RATES

OCCUPATION	200K / 600K	500K/ 1M	1M / 3M	2M / 4M	2M / 6M
PHARMACIST					
Employed/Employee	79	92	111	130	<u>143</u>
Self-employed (Full Time)	221	258	311	364	<u>400</u>
Self-employed (Part Time)	111	129	156	183	<u>201</u>
<u>CONSULTANT PHARMACIST</u>					
<u>Employed/Employee</u>	<u>71</u>	<u>83</u>	<u>100</u>	<u>117</u>	<u>129</u>
<u>Self-employed (Full Time)</u>	<u>199</u>	<u>232</u>	<u>280</u>	<u>328</u>	<u>361</u>
<u>Self-employed (Part Time)</u>	<u>99</u>	<u>116</u>	<u>140</u>	<u>164</u>	<u>180</u>
PHARMACISTS WITH RISK MANAGEMENT CREDIT (ASHP ASSOCIATION ONLY)					
Employed/Employee	71	83	100	117	<u>129</u>
Self-employed (Full Time)	199	232	280	328	<u>361</u>
Self-employed (Part Time)	99	116	140	164	<u>180</u>
PHARMACIST TECHNICIAN					
Employed/Employee	63	74	89	104	<u>114</u>
<u>Self-employed (Full Time)</u>	<u>176</u>	<u>207</u>	<u>249</u>	<u>291</u>	<u>320</u>
<u>Self-employed (Part Time)</u>	<u>88</u>	<u>104</u>	<u>125</u>	<u>146</u>	<u>161</u>
<del>Self-employed (Full Time)</del>	<del>176</del>	<del>207</del>	<del>249</del>	<del>291</del>	
<del>Self-employed (Part Time)</del>	<del>88</del>	<del>104</del>	<del>125</del>	<del>146</del>	
PHARMACIST STUDENT	32	37	45	53	<u>58</u>

#### ADDITIONAL INSURED

Occupation	200K / 600K	500K/ 1M	1M / 3M	2M / 4M	2M / 6M
<u>Additional Insured - Professional Liability</u> <del>Only PHARMACIST</del>	117	137	165	193	<u>212</u>
<u>Additional Insured - Professional Liability and General Liability</u>	<u>134</u>	<u>158</u>	<u>190</u>	<u>222</u>	<u>244</u>
<u>Additional Insured - General Liability only (available only if GL first location is purchased)</u>	<u>17</u>	<u>21</u>	<u>25</u>	<u>29</u>	<u>32</u>

LIBERTY INSURANCE UNDERWRITERS, INC  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules  
J. Pharmacists Program

GENERAL LIABILITY PREMIUM

<b>Occupation</b>	<b>200K / 600K</b>	<b>500K/ 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M</b>
First Location	85	100	120	140	154
per Additional Location	36	42	50	59	65

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**LIBERTY INSURANCE UNDERWRITERS, INC  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules  
K. Physical Therapist Program**

**I. RATES**

OCCUPATION	100K / 300K	200K / 600K	250K / 750K*	500K/ 1M	1M / 3M	2M / 4M	2M / 6M
PHYSICAL THERAPIST							
Employed	122	129	133	151	182	213	<a href="#">234</a>
Self-employed	386	409	420	478	576	674	<a href="#">741</a>
PHYSICAL THERAPY AIDE/ASSISTANT							
Employed	54	57	58	66	80	94	<a href="#">103</a>
Self-employed	181	192	197	224	270	316	<a href="#">348</a>
Employees of Physical Therapy Groups	251	266	274	311	375	439	<a href="#">483</a>
<del>Independent Contractor to Physical Therapy Group</del>	<del>34</del>	<del>36</del>	<del>37</del>	<del>42</del>	<del>50</del>	<del>59</del>	

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**OPTIONAL COVERAGES**

ADDITIONAL INSURED	100K / 300K	200K / 600K	250K / 750K*	500K/ 1M	1M / 3M	2M / 4M	2M / 6M
Additional Insured - Professional Liability Only	84	89	91	104	125	146	<a href="#">161</a>
Additional Insured – Professional & General Liability	101	107	110	125	150	176	<a href="#">194</a>
Additional Insured - General Liability only (available only if GL first location is purchased)	17	18	18	21	25	30	<a href="#">33</a>

GENERAL LIABILITY PREMIUM	100K / 300K	200K / 600K	250K / 750K*	500K/ 1M	1M / 3M	2M / 4M	2M / 6M
First Location	80	85	88	100	120	140	<a href="#">154</a>
per Additional Location	34	36	37	42	50	59	<a href="#">65</a>

**Notes:**

\* The 250K/750K limit option is applicable only for Indiana Patient Compensation Fund ONLY



**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules**  
**L. Physician Assistant Program**

**I. RATES\***

**TERRITORY I:** Rest of Country with exception of IN, FL and NY (For IN, FL and NY rates refer to the state specific page)

PHYSICIAN ASSISTANT	100K / 300K	200K / 600K	500K / 1M	1M / 3M	<a href="#">2M / 6M*</a>
CLASS I	926	1,144	1,584	1,960	<a href="#">2,548</a>
CLASS II	1,850	2,350	3,165	3,919	<a href="#">5,095</a>
CLASS III	2,220	2,820	3,798	4,703	<a href="#">6,114</a>

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**TERRITORY II:** California, Illinois (Cook), Texas (Dallas, Fort Worth, Houston, Galveston, Beaumont, McAllen, Brownsville, and Harlingen).

PHYSICIAN ASSISTANT	100K / 300K	200K / 600K	500K / 1M	1M / 3M	<a href="#">2M / 6M*</a>
CLASS I	1,568	1,960	2,689	3,322	<a href="#">4,319</a>
CLASS II	3,135	3,919	5,378	6,636	<a href="#">8,627</a>
CLASS III	3,863	4,703	6,450	7,973	<a href="#">10,365</a>

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\* To determine the part-time rates, multiply the rates above by 0.50.

**OPTIONAL COVERAGES**

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ADDITIONAL INSUREDS	100K / 300K	200K / 600K	500K / 1M	1M / 3M	<a href="#">2M / 6M</a>
<a href="#">Additional Insured - Professional Liability Only</a> <del>Professional Liability only</del>	84	89	104	125	<a href="#">163</a>
<a href="#">Additional Insured - Professional Liability and General Liability</a>	<a href="#">101</a>	<a href="#">107</a>	<a href="#">125</a>	<a href="#">150</a>	<a href="#">195</a>
<a href="#">Additional Insured - General Liability only (available only if GL first location is purchased)</a> <del>Professional Liability &amp; General Liability</del>	<del>161</del> <a href="#">101</a>	<del>107</del> <a href="#">117</a>	<del>125</del> <a href="#">21</a>	<del>150</del> <a href="#">25</a>	<a href="#">32</a>

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GENERAL LIABILITY PREMIUM	100K / 300K	200K / 600K	500K / 1M	1M / 3M	<a href="#">2M / 6M</a>
First Location	80	85	100	120	<a href="#">155</a>

**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules**  
**L. Physician Assistant Program**

	per Additional Location		34	36	42	50	<a href="#">65</a>	
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**LIBERTY INSURANCE UNDERWRITERS, INC  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules  
L. Physician Assistant Program**

**Definition of Rating Classes:**

Class I – A Physician Assistant who performs tasks ordinarily reserved for a physician and who works under the direction and supervision of a qualified licensed physician to assist that physician in the diagnostic management of patients.

Class II – A Physician Assistant who is involved in any of the following:

- Assisting in Surgery – Any exposure to an operating room other than for observation with GP/FP or General Surgeon;
- Assisting in anesthesiology;
- Any exposure of Trauma/Emergency Room procedures or responsibilities thereof (10 hours or less a week but does not include PA's answering calls for "own" patients);
- OB exposures limited to prenatal or postnatal care.

Class III - A Physician Assistant who is involved in any of the following:

- Assisting in Surgery – Any exposure to operating room other than for observation with an Orthopedic Surgeon, OB/GYN Surgeon, Cardiovascular Surgeon, Thoracic Surgeon, Neurosurgeon, and/or Plastic Surgeon;
- Any exposure to Trauma/Emergency Room procedures or responsibilities thereof (more than 10 hours a week);
- Exposure to OB including delivery room responsibilities;
- Exposure to cardiac catheterization lab.

**LIBERTY INSURANCE UNDERWRITERS, INC  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules**

**M. Rehabilitation and Respiratory Professionals**

**I. RATES**

OCCUPATION	100K / 300K	200K / 600K	250K / 750K*	500K / 1M	1M / 6M	2M / 4M	2M / 6M**
REHABILITATION COUNSELOR / THERAPIST / ASSISTANT							
Employed/Employee	106	112	115	131	158	185	204
Self-employed (Full Time)	302	320	329	374	450	527	581
Self-employed (Part Time)	151	160	165	188	226	264	292
RESPIRATORY THERAPIST/ASSISTANT							
Employed/Employee	56	60	61	70	84	98	108
Self-employed (Full Time)	213	226	232	264	318	372	410
Self-employed (Part Time)	94	100	103	117	141	165	182

**ADDITIONAL INSURED**

Occupation	100K / 300K	200K / 600K	250K / 750K*	500K / 1M	1M / 6M	2M / 4M	2M / 6M**
REHABILITATION COUNSELOR / THERAPIST / ASSISTANT	115	122	126	143	172	201	222
<a href="#">Additional Insured - Professional Liability Only</a>							
<a href="#">RESPIRATORY THERAPIST/ASSISTANT</a>	115	122	126	143	172	201	222
<a href="#">Additional Insured - Professional Liability and General Liability</a>	131	139	144	164	197	230	254
<a href="#">Additional Insured - General Liability only (available only if GL first location is purchased)</a>	16	17	18	21	25	29	32

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**GENERAL LIABILITY PREMIUM**

Occupation	100K / 300K	200K / 600K	250K / 750K*	500K / 1M	1M / 6M	2M / 4M	2M / 6M**
REHABILITATION COUNSELOR / THERAPIST / ASSISTANT							
First Location	88	94	96	110	132	154	170
per Additional Location	37	39	40	46	55	64	71
RESPIRATORY THERAPIST/ASSISTANT							
First Location	88	94	96	110	132	154	170
per Additional Location	37	39	40	46	55	64	71

**LIBERTY INSURANCE UNDERWRITERS, INC  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules**

**M. Rehabilitation and Respiratory Professionals**

**Notes:**

\* The 250K/750K limits option is applicable only for INDIANA

~~\*\* The 2M/6M limits option is applicable only for VIRGINIA~~

**LIBERTY INSURANCE UNDERWRITERS, INC  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

**COUNTRYWIDE RATES/RULES MANUAL**

**Part 2 – Rating Rules  
N. Strength and Condition Program**

**I. RATES**

OCCUPATION	100K / 300K	200K / 600K	500K/ 1M	1M / 3M	2M / 4M	<u>2M / 6M</u>
STRENGTH & CONDITION						
Employed	111	117	137	165	193	<u>212</u>
Self-employed (Full Time)	322	341	398	480	562	<u>618</u>
Employees of Strength & Condition Group	251	266	311	375	439	<u>483</u>
OPTIONAL COVERAGES						
ADDITIONAL INSUREDS	100K / 300K	200K / 600K	500K/ 1M	1M / 3M	2M / 4M	<u>2M / 6M</u>
<del>First</del> -Additional Insured - Professional Liability Only	84	89	104	125	146	<u>161</u>
Additional Insured - Professional Liability and General Liability	101	107	125	150	176	<u>194</u>
Additional Insured - General Liability only (available only if GL first location is purchased)	17	18	21	25	30	<u>33</u>
GENERAL LIABILITY PREMIUM						
GENERAL LIABILITY PREMIUM	100K / 300K	200K / 600K	500K/ 1M	1M / 3M	2M / 4M	<u>2M / 6M</u>
First Location	80	85	100	120	140	<u>155</u>
per Additional Location	34	36	42	50	59	<u>65</u>

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**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**  
**COUNTRYWIDE RATES/RULES MANUAL**

**Part 3 – Individual Student Program**

**I. RATES:**

<b>CLASS I</b>	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M<sup>Ⓢ</sup></b>
Annual Rates	17	19	23	35	41	45
Biannual Rates	33	37	45	68	80	88
Triennial Rates	48	53	64	98	115	126

<b>CLASS II</b>	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M<sup>Ⓢ</sup></b>
Annual Rates	17	19	23	33	39	43
Biannual Rates	33	37	45	64	76	83
Triennial Rates	48	53	64	92	109	119

<b>CLASS III (NON-ASHA)</b>	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M<sup>Ⓢ</sup></b>
Annual Rates	17	19	23	30	35	39
Biannual Rates	33	37	45	58	68	75
Triennial Rates	48	53	64	84	98	108

<b>CLASS III (ASHA)</b>	<b>200K / 200K</b>	<b>500K / 500K</b>	<b>1M / 1M</b>	<b>1M / 3M</b>	<b>2M / 4M</b>	<b>2M / 6M<sup>Ⓢ</sup></b>
Annual Rates	17	19	23	30	35	39

<b>CLASS IV</b>	<b>100K / 300K</b>	<b>200K / 600K</b>	<b>1M / 3M</b>	<b>2M / 6M<sup>Ⓢ</sup></b>
Rest of Country	72	96	151	195
California, Florida (Dade and Broward), Illinois (Cook), Texas (Dallas, Fort Worth, Houston, Galveston, Beaumont, McAllen, Brownsville and Harlingen)	119	149	244	N/A
New York - Bronx, Kings, Nassau, New York, Queens, Richmond and Suffolk	72	90	148	N/A
New York - Rest of State	43	58	91	N/A

**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**  
**COUNTRYWIDE RATES/RULES MANUAL**

**Part 3 – Individual Student Program**

ADA Active Student Member	200K / 600K	500K / 1M	1M / 5M	2M / 5M
Nationwide - Annual Rate	14	17	20	24

~~\*The 2M/6M Limit is available for Virginia only by request and approval by the company.~~

Multiply the applicable rate for each specialty by the number of students in that specialty. Add the preceding products.

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**II. CLASSIFICATIONS:**

**Class I contains the following student occupations:**

Art Therapist  
Athletic Trainer  
[Behavioral Therapist](#)  
Bio-Medical Technician  
Blood Bank Technologist  
Cardiopulmonary Technician  
Cardiology Technician  
Cardiovascular Technician  
Child Care Assistant  
Child Development and/or Family Services  
Clinical Laboratory Technologist  
Clinical Radiography Technician  
Community Health Intern  
Cosmetologist  
Counselor  
Cytogenetic Technologist  
Dance Therapist  
Dental Assistant  
Dental Hygienist  
Dental Laboratory Technician  
[Dental Therapist](#)  
Dialysis Technician  
Dietitian  
Dietetic Technician  
Drama Therapist  
Drug and Alcohol Counselor  
Electroencephalographic Technician (EEG Technician)  
Electrocardiograph Technician (EKG Technician)  
Electrophysiology Technologist  
Enterostomal Therapist  
[Health Coach](#)  
Hemodialysis Technician  
Histologic Technician



**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**  
**COUNTRYWIDE RATES/RULES MANUAL**

**Part 3 – Individual Student Program**

Interpreter for the Deaf  
Laboratory Aide  
Laboratory Assistant  
Lactation Consultant  
Marriage and Family Counselors  
[Marriage & Family Therapist](#)  
Massage Therapist  
Medical Assistant  
Medical Laboratory Technician  
Medical Records and Procedural Coders  
Medical Technologist  
M.R.I. Technician  
Music Therapist  
Nuclear Medical Technologist  
Nutritionist  
Occupational Therapist  
Occupational Therapy Assistant  
Ophthalmic Photographer  
Ophthalmic Technologist  
Optician  
Optometric Technician  
Optometrist  
Orthopedic Technician  
Orthotist  
Pastoral Counselor  
Personnel and/or Guidance Counselors  
Pharmacist  
Pharmacist Technician  
Phlebotomist  
Polysomnographic Technician  
Psychiatric Technician  
Psychologist  
Radiologic Technologist  
Recreational Therapist  
Rehabilitation Assistant  
Rehabilitation Counselor/Therapist  
Respiratory Therapist  
Respiratory Therapy Technician  
Social Worker  
Surgical Technologist  
Vascular Technician  
X-Ray Technician

**Class II contains the following student occupations:**

**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**  
**COUNTRYWIDE RATES/RULES MANUAL**

**Part 3 – Individual Student Program**

Geriatric Nursing Assistant  
LPN/LVN  
Nurse  
Nurses Aide  
Nursing Assistant  
Physical Therapist  
Physical Therapist Assistant  
Psychiatric Nurse  
Registered Nurse

**Class III contains the following student occupations:**

Audiologist  
| [Audiologist Assistant](#)  
Speech-Language Pathologist  
Speech-Language Pathologist Assistant

**Class IV contains the following student occupations:**

Physician Assistant  
Surgeon Assistant Students

## LIBERTY INSURANCE UNDERWRITERS, INC

### HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM COUNTRYWIDE RATES/RULES MANUAL

#### Part 4 – Student Blanket Program

#### I. RATES:

CLASS I	200K / 200K	500K / 500K	1M / 1M	1M / 3M	<u>1M / 6M</u>	2M / 4M	2M / 6M <sup>*</sup>
Annual Rates	10	11	12	13	<u>14</u>	15	17
<del>Biennial</del> <u>Biannual</u> Rates	20	<del>23</del> <u>22</u>	24	26	<u>28</u>	30	34
<del>Triennial</del> <u>Triannual</u> Rates	30	<del>34</del> <u>33</u>	<del>37</del> <u>36</u>	39	<u>42</u>	<del>46</del> <u>45</u>	<del>50</del> <u>51</u>
CLASS II	200K / 200K	500K / 500K	1M / 1M	1M / 3M	<u>1M / 6M</u>	2M / 4M	2M / 6M <sup>*</sup>
Annual Rates	39	45	52	55	<u>60</u>	66	71
<u>Biennial Rates</u>	<u>80</u>	<u>87</u>	<u>102</u>	<u>106</u>	<u>116</u>	<u>124</u>	<u>137</u>
<u>Triennial Rates</u>	<u>108</u>	<u>126</u>	<u>146</u>	<u>154</u>	<u>168</u>	<u>179</u>	<u>199</u>
<del>Biannual Rates</del>	<del>80</del>	<del>87</del>	<del>102</del>	<del>106</del>		<del>124</del>	<del>137</del>
<del>Triannual Rates</del>	<del>108</del>	<del>126</del>	<del>146</del>	<del>154</del>		<del>179</del>	<del>199</del>

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~~\*The 2M/6M Limit is available for Virginia only by request and approval by the Company.~~  
Interpolation should be applied for limits not listed in the table above.

Multiply the applicable rate for each specialty by the number of students in that specialty. Add the preceding products.

#### II. FACTORS OR MULTIPLIERS:

~~Other than the exceptions listed below, the Part 1 – General Rules factors and multipliers are not applicable to the Student Blanket Program. Instead the following rules apply:~~

##### MODIFICATION SCHEDULE:

~~Other risk modifications may be applied to the rate subject, however, to a maximum credit or debit as set forth in the State Modification Limits table. Basic limits premium eligibility is \$500 for each state, with the following exceptions: \$2,500 in NY, \$1,000 in WA, \$1000 in FL before and after the application of schedule rating modifiers, and \$6,000 (after modification) in LA.~~

~~Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.~~

##### A. Faculty Management (-10% to +~~0~~10%)

A low turnover rate and the consistent maintenance of high standards in faculty procurement characterize the institution's faculty.

Criteria: Percentage of faculty members with one year or less tenure with the institution.

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## LIBERTY INSURANCE UNDERWRITERS, INC

### HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM COUNTRYWIDE RATES/RULES MANUAL

#### Part 4 – Student Blanket Program

<u>Percentage of Faculty</u>	<u>Modifier</u>
More than <del>25</del> <sup>10</sup> %	<del>+</del> <sup>+</sup> 10%
6% - <del>24</del> <sup>10</sup> %	<del>±</del> <sup>±</sup> 5%
Less than 6%	-10%

#### B. Faculty Tenure (-10% to +0%)

The institution maintains an experienced and stable faculty through ongoing programs and employee practices.

Criteria: Average tenure of the faculty.

<u>Percentage of Faculty</u>	<u>Modifier</u>
More than 20 years	-10%
16 — 20 years	-5%
Less than 16 years	0%

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**COUNTRYWIDE RATES/RULES MANUAL**

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**C. Continuing Education (-10% to +010%)**

The institution's professional faculty maintains a high level of expertise in its chosen profession through continuing professional education.

Criteria: Percentage of the institution's faculty engaged in continuing professional education.

Percentage of Faculty	Modifier
More than 85%	-10%
<del>71</del> 0% -85%	-5%
<u>25%-70%</u>	<u>0%</u>
Less than <del>25</del> 0%	<u>+10%</u>

**~~D. Loss Experience (-10% to +10%)~~**

~~The institution has an excellent history of controlling losses.~~

~~Criteria: Loss experience as defined below.~~

<del>Experience</del>	<del>Modifier</del>
<del>No losses in 36 or more months</del>	<del>-10%</del>
<del>No losses within a 12-24 month period</del>	<del>-5%</del>
<del>One loss of \$5,000 within the past 12 months</del>	<del>+5%</del>
<del>One or more losses in excess of \$5,000 in the past 24 months</del>	<del>+10%</del>

~~For the purposes of this modification a loss is considered to be any situation that an insurance company has made payment or maintains a reserve upon.~~

**E.D. Risk Management Education (+50% to -10%)**

The institution's curriculum develops knowledge of professional liability exposures and loss management techniques in a professional practice.

Criteria: The length of time that the institution has had as a requirement of its professional curriculum the participation in a risk management and/or legal issues course.

Number of Years	Modifier
More than three years	-10%
1 — 3 years	-5%
Less than one year or non-existent	<u>+50%</u>

**E. Mix of Student Population (0% to +40%)**

To the extent that student specialties are in high risk areas such as Circulation Technician, Emergency Medical Technician, Nurse Practitioner or similar classes as outlined in the application, or curriculum contains correspondingly high levels of on the job training, a debit may be applied up to 40% to account for such exposures. .

**F. Claims Experience (-10% to +10%)**

Criteria: Loss experience as defined below.

## LIBERTY INSURANCE UNDERWRITERS, INC

### HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM COUNTRYWIDE RATES/RULES MANUAL

#### Part 4 – Student Blanket Program

Experience	Modifier
No losses in 36 or more months	-10%
No losses within the prior 12-35 month period	-5%
One or more losses of \$5,000 or less within the past 12 months	+5%
One or more losses in excess of \$5,000 in the past 12 months	+10%
All other, including claim history unavailable	0%

For the purposes of this modification a loss is considered to be any situation that an insurance company has made payment or maintains a reserve upon.

#### G. Modification Schedule

Refer to Part 1 – General Rules, Section IX (Factors or Multipliers), Paragraph GF. (Modification Schedule) for rating criteria and factors. All state exceptions also apply to this section.

~~State Modification Limits.~~ The table below shows the maximum available Schedule Rating credit/debits % for insureds located in those states:

-15/15	-25/25			-40/25	-40/40		-50/+40	-50/50	NA <sup>1</sup>
NY <sup>2</sup>	AL	IA	NM	SC	AK	NH	GA	IL	HI
	AZ	ID	OH		MD	OK		IN	NE
	AR	KS	OR		ME	PA		KY	
	CA	LA <sup>2</sup>	PR		MN	RI		NC	
	CO	MA	SD		MS	TX		NV	
	CT	MI	UT		MT			TN	
	DC	MO	VT					VA	
	DE	ND	WA					WI	
	FL	NJ	WV					WY	

<sup>1</sup> NA = Schedule Rating is not available

<sup>2</sup> Characteristics capped at +/- 10%.

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### HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM COUNTRYWIDE RATES/RULES MANUAL

#### Part 4 – Student Blanket Program

#### III. ADDITIONAL INSTITUTION:

The addition of the educational institution, as an insured, carries no additional premium charge.

The addition of an acceptable facility as an additional insured carries an additional premium charge of 25% of the total (adjusted) policy premium.

#### IV. POLICY AUDIT:

All policies are auditable at expiration. Multi-year policies, when estimated premiums are not paid at the policy's inception, are also auditable annually.

#### ~~V. POLICY PERIOD:~~

The following is applicable to Class II Specialties only:

~~Biaennuaial premiums are 194 percent of the annual premium, provided the estimated policy premium is paid at the policy's inception.~~

~~Triennuaial premiums are 280 percent of the annual premium, provided the estimated policy premium is paid at the policy's inception.~~

**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**  
**COUNTRYWIDE RATES/RULES MANUAL**

**Part 4 – Student Blanket Program**

**VI.V. CLASSIFICATIONS:**

**Class I Specialties:**

**Allied Health – Student/Graduate Class I:**

**CARDIOLOGY:**

[Cardiac EP \(Electrophysiology\)](#)

[Cardiology Technician](#)

[EEG Technician](#)

[Cardiopulmonary Technician](#)

[Cardiovascular Technician](#)

[Echocardiography](#)

[EEG Technician](#)

[Electrocardiograph Technician/Aide \(EKG Technician\)](#)

[Electrophysiology Technologist](#)

[Electrocardiograph Aide](#)

[PM/ICD \(Pace Maker-Implantable Cardioverter](#)

[Defibrillator\)](#)

**DIETICIAN/NUTRITIONIST:**

[Dietitian](#)

[Dietetic Technician](#)

[Nutritionist](#)

[Dietary Managers](#)

[Food & Nutrition](#)

[Wellness Science](#)

**HEALTH EDUCATION:**

[Health Educators](#)

[Foundations of Health Science](#)

[Health Academy](#)

[Health/Healthcare Assistant](#)

[Health Career Care](#)

[Health Coordinator](#)

[Health Career Access](#)

[Health Education](#)

[Health Occupation](#)

[Health Promotion](#)

[Health Science Education Medical Therapist](#)

**HIGH SCHOOL**

[Allied Health High School Students](#)

**HEALTH INFORMATION MANAGEMENT:**

[Allied Health Management](#)

[Bookkeeping/Office Management](#)

[Long Term Health Care Administration](#)

**HEALTH INFORMATION MANAGEMENT  
CONTINUED:**

[Health Information/Health Technology](#)

[Medical Billing and Medical Coding](#)

[Medical Office/Receptionist](#)

[Medical Transcript](#)

**HEALTH INFORMATION MANAGEMENT:**

[Allied Health Management](#)

[Bookkeeping/Office Management](#)

[Long Term Health Care Administration](#)

[Medical Assistant/Administration Assistant](#)

[Medical Admin. Specialists](#)

[Medical Records and Procedural Coders](#)

[Health Information](#)

[Health Information Management](#)

[Health Information/Health Technology](#)

[Medical Billing and Medical Coding](#)

[Medical Office/Receptionist](#)

[Medical Transcript](#)

**MENTAL HEALTH /BEHAVIORAL HEALTH:**

[Child Development and/or Family Services](#)

[Counselor](#)

[Drug and Alcohol Counselor](#)

[Marriage and Family Counselors](#)

[Pastoral Counselors](#)

[Personnel and/or Guidance Counselors](#)

[Psychologist](#)

[Social Worker](#)

[Behavioral Health](#)

**NURSES:**

[Clinical Research](#)

[Geriatric Nursing Assistant](#)

[Graduate Nurse](#)

[Home Health Aides](#)

[IV Therapist](#)

[Lactation Consultants](#)

[LPN/LVN](#)

[MSN- Master of Science in Nursing](#)

[Nurse](#)

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**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**  
**COUNTRYWIDE RATES/RULES MANUAL**

**Part 4 – Student Blanket Program**

<a href="#">Medical Assistant</a> <a href="#">Medical Admin. Assistant</a> <a href="#">Medical Admin. Specialists</a> <a href="#">Medical Records and Procedural Coders</a> <a href="#">Health Information</a> <a href="#">Health Information Management</a>	<del>Nurse Aide</del> <del>Nurse</del> Assistant <del>Psychiatric Nurse</del> <del>Technician/Technologist</del> <a href="#">Registered Nurse</a> <a href="#">BSN: Bachelor Degree Nursing</a> <a href="#">Clinical Research</a> <a href="#">Forensic Science</a> <a href="#">Gerontology</a> <del>Graduate Nurse</del> <del>IV Therapist</del> <del>MSN-Master of Science in Nursing</del> <a href="#">Practical Nursing</a> <a href="#">School Nurse</a> <a href="#">State Tested Nursing Assistant</a>
<b><u>OPTOMETRY:</u></b> <a href="#">Optometric Technician</a> <a href="#">Optometrist</a> <a href="#">Ophthalmic Photographer</a> <a href="#">Ophthalmic Assistant / Technician</a> <a href="#">Ophthalmic Technologist</a> <a href="#">Optician</a>  <b><u>PHARMACY:</u></b> <a href="#">Certified Medication Aide</a> <a href="#">Certified Medication Tech</a> <a href="#">Pharmacist</a> <del>Pharmacist</del> Technician  <b><u>RADIOLOGIC:</u></b> <a href="#">Computed Tomography Imaging</a> <a href="#">Diagnostic Medical Sonographer</a> <a href="#">MRI Technician</a> <a href="#">Radiologic Technologist</a> <del>Radiologic</del> Technician <a href="#">Ultrasound Technologist</a> <a href="#">X-Ray Technician</a> <a href="#">Mammography</a>  <b><u>TECHNICIAN/TECHNOLOGISTS/ASSISTANTS:</u></b> <a href="#">Allied Health Assistant /Direct</a> <a href="#">Allied Health Science Interns</a> <a href="#">Bio-Medical Technician</a> <a href="#">Blood Bank Technologist</a> <a href="#">Central Sterile Processing</a> <del>Certified Laboratory Assistant</del> <a href="#">Certified Laboratory Technologist</a> <a href="#">Certified Medication Aide/Technician</a> <a href="#">Child Care Assistant</a>	<b><u>TECHNICIAN/TECHNOLOGISTS/ASSISTANTS:</u></b> <b><u>CONTINUED:</u></b> <a href="#">Rehabilitation Counselor</a> <a href="#">Rehabilitation Therapist</a> <a href="#">Speech Language Pathologist</a> <a href="#">Speech Language Pathologist Assistant</a> <a href="#">Surgical Technologist</a> <a href="#">Vascular Technician</a> <a href="#">Patient Care Assisting</a> <a href="#">Patient Care Technician</a> <a href="#">Sterile Processing Technicians</a>  <b><u>THERAPISTS:</u></b> <a href="#">Art Therapist</a> <a href="#">Athletic Trainer</a> <a href="#">Audiologists</a> <a href="#">Community Health Intern</a> <a href="#">Dance Therapist</a> <a href="#">Dental Assistant</a> <a href="#">Dental Hygienist</a> <a href="#">Drama Therapists</a> <a href="#">Enterostomal Therapist</a> <a href="#">Exercise Science</a> <a href="#">Exercise Science Personal Trainer</a> <a href="#">Foundations of Health Science</a> <a href="#">Health/Healthcare Science Internship/Students</a> <a href="#">Interpreter for the Deaf ***</a> <a href="#">Massage Therapist</a> <a href="#">Movement Science</a> <a href="#">Music Therapist</a> <a href="#">Occupational Therapist</a> <a href="#">Occupational Therapist Assistant</a> <a href="#">Orthotist</a> <a href="#">Physical Therapist</a>

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**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**  
**COUNTRYWIDE RATES/RULES MANUAL**

**Part 4 – Student Blanket Program**

<a href="#">Cytogenetic Technologist</a> <a href="#">Dental Laboratory Technician</a> <a href="#">Dialysis Technician</a> <a href="#">Health/Healthcare Assistant</a> <a href="#">Hemodialysis Technician</a> <a href="#">Histologic Technician</a> <a href="#">Laboratory Aide</a> <a href="#">Laboratory Assistant</a> <a href="#">Medical Laboratory Technician</a> <a href="#">Medical Technologist</a> <a href="#">Medical Technical Assistant</a> <a href="#">Nuclear medical Technologist</a> <a href="#">Orthopedic Assistant</a> <a href="#">Orthopedic Technician</a>  <a href="#">Occupational Therapist/Assistant</a> <a href="#">Phlebotomist</a> <a href="#">Polysomnographic Technician</a> <a href="#">Rehabilitation Assistant</a> <a href="#">Counselor/Therapist/Assistant</a> <a href="#">Speech Language Pathologist/Assistant</a> <a href="#">Surgical Technologist</a> <a href="#">Vascular Technician</a> <a href="#">Patient Care Assistant</a> <a href="#">Patient Care Technician</a> <a href="#">Sterile Processing Technicians</a>	<a href="#">Physical Therapist/ Assistant</a> <a href="#">Personal /Fitness Trainer</a> <a href="#">Pre-Physical Therapy</a> <a href="#">Prosthetics &amp; Orthotics</a> <a href="#">Recreational Therapist</a> <a href="#">Respiratory Therapist</a> <a href="#">Respiratory Technician</a> <a href="#">Radiation Therapy</a> <a href="#">Therapeutic Services</a>  <b><u>Allied Health</u></b> <b><u>Student/Graduate Class II:</u></b>  <a href="#">Circulation Technician</a> <a href="#">Doctor of Nurse Practice Students</a> <a href="#">Emergency Medical Responder</a> <a href="#">Emergency Medical Technician</a> <a href="#">Fire Fighter-First responders</a> <a href="#">Invasive CVT (Cardiovascular Tech)</a> <a href="#">Nurse Practitioner</a> <a href="#">Paramedic</a> <a href="#">Physician Assistant</a> <a href="#">Surgeon Assistant</a>
<b><u>Allied Health</u></b> <b><u>Student/Graduate Class II:</u></b>  <a href="#">Circulation Technician</a> <a href="#">Doctor of Nurse Practice Students</a> <a href="#">Emergency Medical Responder</a> <a href="#">Emergency Medical Technician</a> <a href="#">Fire Fighter-First responders</a> <a href="#">Invasive CVT (Cardiovascular Tech)</a> <a href="#">Nurse Practitioner</a> <a href="#">Paramedic</a> <a href="#">Physician Assistant</a> <a href="#">Surgeon Assistant</a>  <b><u>Non-Medical Student/Graduate Class I:</u></b>  <b><u>ACCOUNTING:</u></b> <a href="#">Accounting Operations</a>  <b><u>COMMUNICATION</u></b> <a href="#">Journalism</a> <a href="#">Public Relations</a>	<b><u>LEGAL:</u></b> <a href="#">Criminal Justice</a> <a href="#">Legal Assisting</a> <a href="#">Paralegal</a>  <b><u>MAINTENANCE:</u></b> <a href="#">Carpentry</a> <a href="#">Paint and Refinishing</a> <a href="#">Plumbing</a> <a href="#">Welding</a>  <b><u>SPORTS MANAGEMENT:</u></b> <a href="#">Sports Management</a>  <b><u>PARKS / RECREATION:</u></b> <a href="#">Environmental Horticulture Observation (EHO)</a> <a href="#">Outdoor Education</a> <a href="#">Recreation &amp; Park Management</a> <a href="#">Wildlife Conservationist</a>  <b><u>TECHNICIAN:</u></b>

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## HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM COUNTRYWIDE RATES/RULES MANUAL

<p><u>Advertising</u>  <u>Broadcasting</u></p> <p><b><u>COSMETOLOGY:</u></b>  <u>Barber</u>  <u>Esthetics (non-medical)</u>  <u>Manicurist</u></p> <p><b><u>CULINARY ARTS:</u></b>  <u>Chef/Sous Chef</u>  <u>Culinary Arts</u>  <u>Hotel Management</u>  <u>Restaurant Management</u></p> <p><b><u>EDUCATION:</u></b>  <u>Early Education/Early Intervention</u>  <u>Educational Diagnostician</u>  <u>Human Services</u>  <u>Student Aide</u>  <u>Student Teacher Interns</u></p> <p><b><u>FUNERAL:</u></b>  <u>Funeral Services</u>  <u>Mortuary Science</u></p> <p><b><u>LEGAL:</u></b>  <u>Criminal Justice</u>  <u>Legal Assisting</u>  <u>Paralegal</u></p> <p><b><u>MAINTENANCE:</u></b>  <u>Carpentry</u>  <u>Paint and Refinishing</u>  <u>Plumbing</u>  <u>Welding</u></p> <p><b><u>SPORTS MANAGEMENT:</u></b>  <u>Sports Management</u></p>	<p><u>Air Conditioning/Refrigeration</u>  <u>Automotive</u>  <u>Diesel Equipment</u>  <u>Maintenance/HVAC (Residential)</u>  <u>Power Sports Equipment</u></p> <p><b><u>VETERINARY:</u></b>  <u>Veterinary Assistant</u>  <u>Veterinary Technology</u>  <u>Veterinary Technician</u></p> <p><b><u>Non-Medical</u></b>  <b><u>Student/Graduate Class II:</u></b>  <u>Heating-Ventilation (Commercial)</u>  <u>Heavy Machinery Technician (Third party internship program)</u></p>
<p><u>Student/Graduate</u>  <u>Student/Graduate</u>  <u>Student/Graduate</u>  <u>Student/Graduate</u>  <u>Student/Graduate</u>  <u>Student/Graduate</u>  <u>Student/Graduate</u></p>	<p><u>Art Therapist</u>  <u>Athletic Trainer</u>  <u>Audiologist</u>  <u>Bio-medical Technician</u>  <u>Blood Bank Technologist</u>  <u>Cardiology Technician</u>  <u>Certified Laboratory Assistant</u></p>

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**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**  
**COUNTRYWIDE RATES/RULES MANUAL**

**Part 4 – Student Blanket Program**

Student/Graduate	Child Care Assistant
Student/Graduate	Child Development and/or Family Services
Student/Graduate	Clinical Laboratory Technologist
Student/Graduate	Community Health Intern
Student/Graduate	Cosmetologist
Student/Graduate	Counselor
Student/Graduate	Dance Therapist
Student/Graduate	Dental Assistant
Student/Graduate	Dental Hygienist
Student/Graduate	Dental Laboratory Technician
Student/Graduate	Diagnostic Medical Sonographer
Student/Graduate	Dietitian
Student/Graduate	Drug and Alcohol Counselor
Student/Graduate	EEG Technician
Student/Graduate	Enterostomal Therapist
Student/Graduate	Geriatric Nursing Assistant
Student/Graduate	Health Educators
Student/Graduate	Hemodialysis Technician
Student/Graduate	Histologic Technician
Student/Graduate	Laboratory Aide
Student/Graduate	Laboratory Assistant
Student/Graduate	Long Term Health Care Administration
Student/Graduate	LPN/LVN
Student/Graduate	Marriage and Family Counselors
Student/Graduate	Massage Therapist
Student/Graduate	Medical Assistant
Student/Graduate	Medical Administrative Assistant
Student/Graduate	Medical Laboratory Technician
Student/Graduate	Medical Technologist
Student/Graduate	Medical Technical Assistant
Student/Graduate	Music Therapist
Student/Graduate	Nuclear Medical Technologist
Student/Graduate	Occupational Therapist
Student/Graduate	Optometric Technician
Student/Graduate	Optometrist
Student/Graduate	Orthopedic Assistant (Orthopedic Technician)
Student/Graduate	Pastoral Counselors
Student/Graduate	Personnel and/or Guidance Counselors
Student/Graduate	Phlebotomist
Student/Graduate	Physical Therapist
Student/Graduate	Physical Therapist Assistant
Student/Graduate	Psychiatric Nurse
Student/Graduate	Psychiatric Technician
Student/Graduate	Psychiatric Technologist

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**LIBERTY INSURANCE UNDERWRITERS, INC**  
**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**  
**COUNTRYWIDE RATES/RULES MANUAL**

**Part 4 – Student Blanket Program**

Student/Graduate	Radiologic Technologist
Student/Graduate	Recreational Therapist
Student/Graduate	Registered Nurse
Student/Graduate	Rehabilitation Assistant
Student/Graduate	Respiratory Therapist
Student/Graduate	Respiratory Therapy Technician
Student/Graduate	Social Worker
Student/Graduate	Surgical Technologist
Student/Graduate	Ultrasound Technologist
Student/Graduate	Cardiopulmonary Technician
Student/Graduate	Cardiovascular Technician
Student/Graduate	Clinical Radiography Technician
Student/Graduate	Cytogenetic Technologist
Student/Graduate	Dialysis Technician
Student/Graduate	Dietetic Technician
Student/Graduate	Drama Therapist
Student/Graduate	Electrocardiograph Technician (EKG Technician)
Student/Graduate	Electrophysiology Technologist
Student/Graduate	Interpreter for the Deaf
Student/Graduate	Lactation Consultant
Student/Graduate	Medical Records and Procedural Coders
Student/Graduate	MRI Technician
Student/Graduate	Nurse
Student/Graduate	Nurses Aide
Student/Graduate	Nursing Assistant
Student/Graduate	Nutritionist
Student/Graduate	Occupational Therapist Assistant
Student/Graduate	Ophthalmic Photographer
Student/Graduate	Ophthalmic Technologist
Student/Graduate	Optician
Student/Graduate	Orthotist
Student/Graduate	Pharmacist
Student/Graduate	Pharmacist Technician
Student/Graduate	Polysomnographic Technician
Student/Graduate	Psychologist
Student/Graduate	Rehabilitation Counselor/Therapist
Student/Graduate	Speech Language Pathologist
Student/Graduate	Speech Language Pathologist Assistant
Student/Graduate	Vascular Technician
Student/Graduate	X-Ray Technician

**Class II Specialties:**

Student/Graduate	Circulation Technician
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LIBERTY INSURANCE UNDERWRITERS, INC

HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 4 – Student Blanket Program

<del>Student/Graduate</del>	<del>Emergency Medical Technician</del>
<del>Student/Graduate</del>	<del>Nurse Practitioner</del>
<del>Student/Graduate</del>	<del>Paramedic</del>
<del>Student/Graduate</del>	<del>Physician Assistant</del>
<del>Student/Graduate</del>	<del>Surgeon Assistant</del>

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## LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

### ILLINOIS STATE EXCEPTION PAGES

#### Part 1 – General Rules

Section **GL Modification Schedule** of Part **IX. Factors or Multipliers** is deleted and replaced by the following:

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

<b>Experience Factor:</b>	+25% to -25%
Non-Renewed within Past 10 Years	up to -25%
Licensing Board Action	up to +15%
Claims free within the last five years	up to -10%
More than \$30,000 in claims in the last five years	up to +25%

<b>Quality Management:</b>	+25% to -25%
----------------------------	--------------

Loss Control/~~Risk Management Education:~~

~~Attendance at, or failure to attend a risk management specific seminar or a continuing education course related to loss control/risk management, subject to Company approval, which is not the subject of a predetermined credit as outlined in the General Rules.~~

The Business or firm maintains or fails to maintain an approved loss prevention program, seminar or workshop for its employees

Ethical or Moral Standing  
Number of years in business  
Multiple Medical Professions

<b>Location:</b>	+25% to -25%
Nursing Home	
Hospital	
Free Standing Clinic	
Home Health Care	
Multiple Locations	

<b>Area of Practice:</b>	+25% to -25%
Direct Patient Care	

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## **LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

### **ILLINOIS STATE EXCEPTION PAGES**

#### **Part 1 – General Rules**

Cosmetic Procedures  
Supervision of Others  
Correctional Facilities

State Modification Limits. The maximum available Schedule Rating credit/debits is 25%.

The following is added to Part 1 – General Rules:

#### **XI. QUARTERLY INSTALLMENT PAYMENT OPTION**

Quarterly payment options are available for policies with premium greater than or equal to \$500 as described below.

- a) An initial payment of 40% of the estimated total premium is due at policy inception;
- b) The remaining premium will be spread equally among the second, third, and fourth installments, and due 3, 6, and 9 months from policy inception, respectively;
- c) No interest or installment charges will apply;
- d) Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy will be billed immediately as a separate transaction.





**Liberty International Underwriters US**

55 Water Street, 18<sup>th</sup> Floor  
New York, NY 10041

February 28, 2013

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Liberty Insurance Underwriters Inc. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department  
Perr&Knight, Inc.  
401 Wilshire Boulevard, Suite 300  
Santa Monica, CA 90401  
Tel: (888) 201-5123  
Fax: (310) 230-1061  
[doi@perrknight.com](mailto:doi@perrknight.com)

Please contact me at 212.208.8868 if you have any questions regarding this authorization.

Sincerely,

Joseph Hobbs  
Senior Vice President and Assistant Secretary  
55 Water Street, 18th Floor  
New York, NY 10041  
212.208.8868  
[joseph.hobbs@libertyiu.com](mailto:joseph.hobbs@libertyiu.com)

State:	Illinois	Filing Company:	Liberty Insurance Underwriters Inc.
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
Product Name:	Allied Health Program		
Project Name/Number:	LIU-RPG-AH-IL-1401R/LIU-RPG-AH-IL-1401R		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/03/2014		Rate	ILLINOIS STATE EXCEPTION PAGES	06/30/2014	Part 1 - Med Mal General Rules - IL SEP 2013-09.pdf (Superceded)
03/03/2014		Supporting Document	Form RF3 - (Summary Sheet)	03/06/2014	ILRF3 122607.pdf (Superceded)



# LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

## ILLINOIS STATE EXCEPTION PAGES

### Part 1 – General Rules

Section **I. Modification Schedule** of Part **IX. Factors or Multipliers** is deleted and replaced by the following:

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

<b>Experience Factor:</b>	+25% to -25%
Non-Renewed within Past 10 Years	up to -25%
Licensing Board Action	up to +15%
Claims free within the last five years	up to -10%
More than \$30,000 in claims in the last five years	up to +25%

<b>Quality Management:</b>	+25% to -25%
Loss Control:	
The Business or firm maintains or fails to maintain an approved loss prevention program, seminar or workshop for its employees	
Ethical or Moral Standing	
Number of years in business	
Multiple Medical Professions	

<b>Location:</b>	+25% to -25%
Nursing Home	
Hospital	
Free Standing Clinic	
Home Health Care	
Multiple Locations	

<b>Area of Practice:</b>	+25% to -25%
Direct Patient Care	
Cosmetic Procedures	
Supervision of Others	
Correctional Facilities	

State Modification Limits. The maximum available Schedule Rating credit/debits is 25%.



# **LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM**

## **ILLINOIS STATE EXCEPTION PAGES**

### **Part 1 – General Rules**

The following is added to Part 1 – General Rules:

#### **XI. QUARTERLY INSTALLMENT PAYMENT OPTION**

Quarterly payment options are available for policies with premium greater than or equal to \$500 as described below.

- a) An initial payment of 40% of the estimated total premium is due at policy inception;
- b) The remaining premium will be spread equally among the second, third, and fourth installments, and due 3, 6, and 9 months from policy inception, respectively;
- c) No interest or installment charges will apply;
- d) Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy will be billed immediately as a separate transaction.

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective \_\_\_\_\_.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger	_____	_____
	Commercial	_____	_____
2.	Automobile Physical Damag Private Passenger	_____	_____
	Commercial	_____	_____
3.	Liability Other Than Auto	_____	_____
4.	Burglary and Theft	_____	_____
5.	Glass	_____	_____
6.	Fidelity	_____	_____
7.	Surety	_____	_____
8.	Boiler and Machinery	_____	_____
9.	Fire	_____	_____
10.	Extended Coverage	_____	_____
11.	Inland Marine	_____	_____
12.	Homeowners	_____	_____
13.	Commercial Multi-Peril	_____	_____
14.	Crop Hail	_____	_____
15.	Other	_____	_____
	Life of Insurance	_____	_____

\* Does filing only apply to certain territory (territories) or certain Classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): \_\_\_\_\_

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Official – Title